Filing at a Glance

Company:	UnitedHealthcare Insurance Company
Product Name:	DC-SG-UHIC-2020-01
State:	District of Columbia
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003G Small Group Only - Other
Filing Type:	Rate
Date Submitted:	05/24/2019
SERFF Tr Num:	UHLC-131909980
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation Date Requested:	01/01/2020
Author(s):	Bonnie Barboza, Esther Drew, Michelle Lorenzo, Ryan Morgan, Alysia Krzanowski, Juliana Mello
Reviewer(s):	Damon Siler (primary), John Morgan, Efren Tanhehco, Dave Dillon
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* ***Filing Company:*** *UnitedHealthcare Insurance Company*
TOI/Sub-TOI: *H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*
Product Name: *DC-SG-UHIC-2020-01*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/28/2019
State Status Changed:
Created By: Ryan Morgan
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact: 11.2%

Deemer Date:
Submitted By: Ryan Morgan

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
2020 DC SG UHIC Rate Filing - Average rate increase 11.2%

Company and Contact

Filing Contact Information

Ryan Morgan,
10701 W Research Dr
Wauwatosa, WI 53226

ryan_morgan2@uhc.com
414-443-4287 [Phone]

Filing Company Information

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, CT 06103
(860) 702-5000 ext. [Phone]

CoCode: 79413
Group Code: 707
Group Name:
FEIN Number: 36-2739571

State of Domicile: Connecticut
Company Type: Life and Health
State ID Number: 79413

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***		***Company Tracking #:***	

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Filing Exhibits	Juliana Mello	05/29/2019	05/29/2019
Supporting Document	Risk Adjustment RATEE Data	Ryan Morgan	05/27/2019	05/27/2019

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***		***Company Tracking #:***	

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Amendment Letter

Submitted Date: 05/29/2019

Comments:

We are adding a PDF version of our rate filing exhibits. Please let us know if you have any questions.

Best,
Juliana

Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes						
Item No.	**Document Name**	**Affected Form Numbers (Separated with commas)**	**Rate Action**	**Rate Action Information**	**Attachments**	**Date Submitted**
1	Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-131461282 Percent Rate Change Request: 11.2	DC-SG-UHIC-Exhibits 2020-1-v1.xlsx, DC-SG-UHIC-Exhibits 2020-1-v1.pdf,	05/29/2019 By:
Previous Version						
1	*Rate Filing Exhibits*		*Revised*	*Previous State Filing Number: UHLC-131461282 Percent Rate Change Request: 11.2*	*DC-SG-UHIC-Exhibits 2020-1-v1.xlsx,*	*05/24/2019 By: Ryan Morgan*

No Supporting Documents Changed.

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***	***Company Tracking #:***

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Amendment Letter

Submitted Date: 05/27/2019

Comments:

It came to my attention the RATEE data submitted with the filing was from 2017. This amendment corrects this and includes 2018 RATEE data. Please let me know if you have any questions.

Best,
Ryan

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Risk Adjustment RATEE Data
Comments:	
Attachment(s):	DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf 41842.RATEE.D20190503T004836.P.xml
Previous Version	
Satisfied - Item:	*Risk Adjustment RATEE Data*
Comments:	
Attachment(s):	*41842.RATEE.D20180501T060434.P.xml* *DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf*

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***		***Company Tracking #:***	

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.800%
Effective Date of Last Rate Revision:	01/01/2019
Filing Method of Last Filing:	Review & Approval
SERFF Tracking Number of Last Filing:	UHLC-131461282

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company	Increase	11.200%	11.200%	$6,840,775	1,674	$60,860,988	15.600%	5.900%

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare Insurance Company
HHS Issuer Id: 25978

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
EPO & POS			8509

Trend Factors: The current annual trend factor is 8.1% The proposed 2020 annual trend factor is 8.3%

FORMS:

New Policy Forms: POL.SHOP.I.2018.SG.DC, COC.SHOP.I.2018.SG.DC, SBN.CHP.I.2018.SG.DC.PL1, SBN.CHP.I.2018.SG.DC.PL3, SBN.CHP.I.2018.SG.DC.PL4, SBN.CHP.I.2018.SG.DC.PL6, SBN.CHP.I.2018.SG.DC.PL14, SBN.CHP.I.2018.SG.DC.GO7, SBN.CHP.I.2018.SG.DC.GO8, SBN.CHP.I.2018.SG.DC.GO10, SBN.CHP.I.2018.SG.DC.GO11, SBN.CHP.I.2018.SG.DC.GO13, SBN.CHP.I.2018.SG.DC.GO21, SBN.CHP.I.2018.SG.DC.GO22, SBN.CHP.I.2018.SG.DC.SL8, SBN.CHP.I.2018.SG.DC.SL11, SBN.CHP.I.2018.SG.DC.SL15, SBN.CHP.I.2018.SG.DC.SL16, SBN.CHP.I.2018.SG.DC.SL17, SBN.CHC.I.2018.SG.DC.PL1, SBN.CHC.I.2018.SG.DC.PL4, SBN.CHC.I.2018.SG.DC.GO8, SBN.CHC.I.2018.SG.DC.GO11, SBN.CHC.I.2018.SG.DC.GO13, SBN.CHC.I.2018.SG.DC.GO14, SBN.CHC.I.2018.SG.DC.GO21, SBN.CHC.I.2018.SG.DC.GO22, SBN.CHC.I.2018.SG.DC.SL8, SBN.CHC.I.2018.SG.DC.SL11, SBN.CHC.I.2018.SG.DC.SL12, SBN.CHC.I.2018.SG.DC.SL15, SBN.CHC.I.2018.SG.DC.SL16, SBN.CHC.I.2018.SG.DC.SL17, SBN.CHC.I.2018.SG.DC.BR4, RID.PDS.NET.I.2018.SG.DC, RID.PDS.NET-OON.I.2018.SG.DC RID.PVCS.NET.I.2018.SG.DC, RID.PVCS.NET-OON.I.2018.SG.DC, RID.RX.NET.I.2018.SG.DC,

Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 127,463
Benefit Change: Increase
Percent Change Requested: Min: 5.9 Max: 15.6 Avg: 11.2

PRIOR RATE:

Total Earned Premium: 60,860,988.00
Total Incurred Claims: 49,314,197.00
Annual $: Min: 174.63 Max: 1,195.62 Avg: 477.48

State: *District of Columbia* ***Filing Company:*** *UnitedHealthcare Insurance Company*
TOI/Sub-TOI: *H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*
Product Name: *DC-SG-UHIC-2020-01*
Project Name/Number: */*

REQUESTED RATE:

Projected Earned Premium:	67,701,763.00
Projected Incurred Claims:	53,803,004.00
Annual $:	Min: 195.65 Max: 1,382.16 Avg: 531.15

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***		***Company Tracking #:***	

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-131461282 Percent Rate Change Request: 11.2	DC-SG-UHIC-Exhibits 2020-1-v1.xlsx, DC-SG-UHIC-Exhibits 2020-1-v1.pdf,

SERFF Tracking #:	UHLC-131909980	**State Tracking #:**	**Company Tracking #:**

State:	District of Columbia	**Filing Company:**	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	DC-SG-UHIC-2020-01		
Project Name/Number:	/		

Attachment DC-SG-UHIC-Exhibits 2020-1-v1.xlsx is not a PDF document and cannot be reproduced here.

Rate Factors

Exhibit 1

(1) Base Rate: $766.11

(2) Benefit Plan Ratios

CH/INS (EPO) Plans

Product	Medical Plan Name	Rx Plan Name	Metal Level	Actuarial Value	Plan Ratio
EPO	BQ-AK	813	Gold 22	81.1%	0.6546
EPO	BQ-AW	819	Gold 23	79.9%	0.5543
EPO	BQ-AZ	819	Silver 19	72.0%	0.4461
EPO	BQ-A5	816	Gold 13	81.5%	0.5694
EPO	BQ-A7	818	Gold 26	77.6%	0.5127
EPO	BQ-A9	816	Gold 8	81.8%	0.5522
EPO	BQ-BB	814	Platinum 1	89.6%	0.7442
EPO	BQ-BD	820	Platinum 4	88.7%	0.7884
EPO	BQ-BI	818	Silver 8	71.8%	0.4463
EPO HSA	BH-E3	575	Bronze 4	62.6%	0.3905
EPO HSA	BH-EZ	816	Gold 1	81.3%	0.6039
EPO HSA	BQ-BF	816	Silver 11	71.6%	0.5029

CH+/INS (POS) Plans

Product	Medical Plan Name	Rx Plan Name	Metal Level	Actuarial Value	Plan Ratio
POS	BQ-AL	A85	Gold 29	79.8%	0.5556
POS	BQ-AM	813	Gold 22	81.1%	0.6614
POS	BQ-AN	818	Gold 28	81.9%	0.5683
POS	BQ-AQ	845	Plat 14	91.2%	0.8272
POS	BQ-AR	A85	Plat 15	86.3%	0.6681
POS	BQ-AX	819	Gold 23	79.9%	0.5642
POS	BQ-AY	819	Gold 31	76.0%	0.4921
POS	BQ-A2	819	Silver 19	72.0%	0.4540
POS	BQ-A3	814	Platinum 1	89.6%	0.7558
POS	BQ-A6	816	Gold 10	81.2%	0.5627
POS	BQ-A8	816	Gold 8	81.8%	0.5627
POS	BQ-BA	816	Gold 13	81.5%	0.5793
POS	BQ-BC	818	Gold 26	77.6%	0.5221
POS	BQ-BE	818	Silver 8	71.8%	0.4549
POS	BQ-BJ	820	Platinum 4	88.7%	0.8006
POS HSA	BH-E6	816	Gold 1	81.3%	0.6162
POS HSA	BQ-AO	816	Gold 7	81.4%	0.6537
POS HSA	BQ-BG	816	Silver 11	71.6%	0.5132

(3) Effective Date Adjustment Factors (EDA's)

Effective Quarter	Trend
1st Quarter, 2020	1.000
2nd Quarter, 2020	1.020
3rd Quarter, 2020	1.041
4th Quarter, 2020	1.062

(4) Age Factors

Age	Factor	Age	Factor	Age	Factor
0-20	0.654	35	0.876	50	1.431
21	0.727	36	0.896	51	1.487
22	0.727	37	0.916	52	1.545
23	0.727	38	0.927	53	1.605
24	0.727	39	0.938	54	1.668
25	0.727	40	0.975	55	1.733
26	0.727	41	1.013	56	1.801
27	0.727	42	1.053	57	1.871
28	0.744	43	1.094	58	1.944
29	0.760	44	1.137	59	2.020
30	0.779	45	1.181	60	2.099
31	0.799	46	1.227	61	2.181
32	0.817	47	1.275	62	2.181
33	0.836	48	1.325	63	2.181
34	0.856	49	1.377	64 & older	2.181

DC Small Group - 2020 Portfolio - UnitedHealthcare Insurance Company

Exhibit 2

	Plan Name			Metal	Act'l	Plan	In-Network					Out-of-Network					Copayments							Medical	Rx						
							Deductible			OOP Maximum		Deductible			OOP Maximum						OP Surgery			Deduct.	Deduct.				Tier 2		Tier 3	
Product	Medical	Rx	SCID	Level	Value	Ratio	Indiv.	Family	Coins	Indiv.	Family	Indiv.	Family	Coins	Indiv.	Family	PCP	SCP	UC	ER	Free-St.	Hospital	IP	Type	Type	Deduct.	Tier 1	Tier 2	Spec.	Tier 3	Spec.	Tier 4
EPO	BQ-AK	813	41842DC0040057-01	Gold 22	81.1%	0.6546	$0	$0	100%	$7,900	$15,800						$30	$60	$30	$500	$600	$600	$1000 x 3	Emb	Sep		$10	$50		$100		$150
EPO	BQ-AW	819	41842DC0040062-01	Gold 23	79.9%	0.5543	$1,000	$2,000	80%	$7,900	$15,800							$40	$25					Emb	Sep	$250	$5	$40	$120	$75	$150	
EPO	BQ-AZ	819	41842DC0040065-01	Silver 19	72.0%	0.4461	$5,000	$10,000	70%	$8,150	$16,300							$50	$25					Emb	Sep	$250	$5	$40	$120	$75	$150	
EPO	BQ-A5	816	41842DC0040045-01	Gold 13	81.5%	0.5694	$1,750	$4,500	100%	$6,500	$13,000						$25	$50	$25	$250 POD		$250 POD		Emb	Sep		$10	$40	$120	$75	$150	
EPO	BQ-A7	818	41842DC0040064-01	Gold 26	77.6%	0.5127	$2,000	$4,000	100%	$6,000	$12,000						$30	$60 CAD	$30	$500 CAD	$150 POD	$300 POD	$500 CAD Admit	Emb	Sep	$250	$10	$40	$120	$75	$150	
EPO	BQ-A9	816	41842DC0040091-01	Gold 8	81.8%	0.5522	$1,250	$2,500	80%	$4,250	$8,500						$30	$60	$30			$250 POD		Emb	Sep		$10	$40	$120	$75	$150	
EPO	BQ-BB	814	41842DC0040059-01	Platinum 1	89.6%	0.7442	$250	$500	100%	$2,500	$5,000						$15	$30	$15	$250		$250 POD		Emb	Sep		$10	$40	$100	$75	$150	
EPO	BQ-BD	820	41842DC0040060-01	Platinum 4	88.7%	0.7884	$0	$0	100%	$5,000	$10,000						$15	$30	$15	$250		$150		Emb	Sep		$15	$25	$100	$50	$150	
EPO	BQ-BI	818	41842DC0040101-01	Silver 8	71.8%	0.4463	$2,750	$5,500	70%	$8,150	$16,300						$50	$100	$50					Emb	Sep	$250	$10	$40	$120	$75	$150	
EPO HSA	BH-E3	575	41842DC0040008-01	Bronze 4	62.6%	0.3905	$6,700	$13,400	100%	$6,700	$13,400													Emb	Comb		$0	$0		$0		
EPO HSA	BH-EZ	816	41842DC0040061-01	Gold 1	81.3%	0.6039	$1,400	$2,800	90%	$3,500	$7,000													Non-Emb	Comb		$10	$40	$120	$75	$150	
EPO HSA	BQ-BF	816	41842DC0040046-01	Silver 11	71.6%	0.5029	$2,750	$5,500	100%	$6,700	$13,400						$25 CAD	$50 CAD	$25 CAD	$250 CAD		$250 POD	$500 CAD Admit	Non-Emb Ded (Emb OOP)	Comb		$10	$40	$120	$75	$150	
POS	BQ-AL	A85	41842DC0010085-01	Gold 29	79.8%	0.5556	$2,020	$4,040	80%	$7,900	$15,800	$10,000	$20,000	60%	$15,000	$30,000	$20	$20	$20					Emb	Sep		20%	20%	20%	20%	20%	
POS	BQ-AM	813	41842DC0010078-01	Gold 22	81.1%	0.6614	$0	$0	100%	$7,900	$15,800	$15,000	$30,000	50%	$30,000	$60,000	$30	$60	$30	$500	$600	$600	$1000 x 3	Emb	Sep		$10	$50		$100		$150
POS	BQ-AN	818	41842DC0010086-01	Gold 28	81.9%	0.5683	$0	$0	70%	$7,900	$15,800	$15,000	$30,000	50%	$30,000	$60,000								Emb	Sep	$250	$10	$40	$120	$75	$150	
POS	BQ-AQ	845	41842DC0010074-01	Plat 14	91.2%	0.8272	$0	$0	100%	$4,000	$8,000	$500	$1,000	80%	$4,000	$8,000	$10	$20	$10	$200	$150	$150		Emb	Sep		$10	$40		$75		
POS	BQ-AR	A85	41842DC0010087-01	Plat 15	86.3%	0.6681	$0	$0	80%	$6,500	$13,000	$5,000	$10,000	60%	$10,000	$20,000	$20	$20	$20					Emb	Sep		20%	20%	20%	20%	20%	
POS	BQ-AX	819	41842DC0010082-01	Gold 23	79.9%	0.5642	$1,000	$2,000	80%	$7,900	$15,800	$2,000	$4,000	60%	$15,000	$30,000		$40	$25					Emb	Sep	$250	$5	$40	$120	$75	$150	
POS	BQ-AY	819	41842DC0010088-01	Gold 31	76.0%	0.4921	$2,750	$5,500	80%	$7,900	$15,800	$6,000	$12,000	60%	$15,000	$30,000		$50	$25					Emb-Custom	Sep	$250	$5	$40	$120	$75	$150	
POS	BQ-A2	819	41842DC0010089-01	Silver 19	72.0%	0.4540	$5,000	$10,000	70%	$8,150	$16,300	$10,000	$20,000	60%	$15,000	$30,000		$50	$25					Emb	Sep	$250	$5	$40	$120	$75	$150	
POS	BQ-A3	814	41842DC0010066-01	Platinum 1	89.6%	0.7558	$250	$500	100%	$2,500	$5,000	$2,000	$4,000	70%	$6,000	$12,000	$15	$30	$15	$250		$250 POD		Emb	Sep		$10	$40	$100	$75	$150	
POS	BQ-A6	816	41842DC0010032-01	Gold 10	81.2%	0.5627	$750	$1,500	80%	$7,500	$15,000	$2,000	$4,000	60%	$15,000	$30,000	$20	$40	$20	$250 POD		$250 POD		Emb	Sep		$10	$40	$120	$75	$150	
POS	BQ-A8	816	41842DC0010054-01	Gold 8	81.8%	0.5627	$1,250	$2,500	80%	$4,250	$8,500	$3,000	$6,000	70%	$8,000	$16,000	$30	$60	$30			$250 POD		Emb	Sep		$10	$40	$120	$75	$150	
POS	BQ-BA	816	41842DC0010042-01	Gold 13	81.5%	0.5793	$1,750	$4,500	100%	$6,500	$13,000	$4,000	$8,000	70%	$10,000	$20,000	$25	$50	$25	$250 POD		$250 POD		Emb	Sep		$10	$40	$120	$75	$150	
POS	BQ-BC	818	41842DC0010084-01	Gold 26	77.6%	0.5221	$2,000	$4,000	100%	$6,000	$12,000	$5,000	$10,000	80%	$15,000	$30,000	$30	$60 CAD	$30	$500 CAD	$150 POD	$300 POD	$500 CAD Admit	Emb	Sep	$250	$10	$40	$120	$75	$150	
POS	BQ-BE	818	41842DC0010080-01	Silver 8	71.8%	0.4549	$2,750	$5,500	70%	$8,150	$16,300	$5,000	$10,000	50%	$15,000	$20,000	$50	$100	$50					Emb	Sep	$250	$10	$40	$120	$75	$150	
POS	BQ-BJ	820	41842DC0010068-01	Platinum 4	88.7%	0.8006	$0	$0	100%	$5,000	$10,000	$1,000	$2,000	70%	$6,000	$12,000	$15	$30	$15	$250		$150		Emb	Sep		$15	$25	$100	$50	$150	
POS HSA	BH-E6	816	41842DC0010081-01	Gold 1	81.3%	0.6162	$1,400	$2,800	90%	$3,500	$7,000	$2,000	$4,000	70%	$6,000	$12,000								Non-Emb	Comb		$10	$40	$120	$75	$150	
POS HSA	BQ-AO	816	41842DC0010006-01	Gold 7	81.4%	0.6537	$1,750	$3,500	100%	$3,000	$6,000	$3,000	$6,000	70%	$6,000	$12,000				$250 CAD				Non-Emb Ded (Emb OOP)	Comb		$10	$40	$120	$75	$150	
POS HSA	BQ-BG	816	41842DC0010043-01	Silver 11	71.6%	0.5132	$2,750	$5,500	100%	$6,700	$13,400	$5,000	$10,000	80%	$10,000	$20,000	$25 CAD	$50 CAD	$25 CAD	$250 CAD		$250 POD	$500 CAD Admit	Non-Emb Ded (Emb OOP)	Comb		$10	$40	$120	$75	$150	

Rate Changes - Base Rates, Benefit Plan Ratios and Effective Date Adjustment (EDA) Factors (from Exhibit 1)

Product	Plan Name 2019	Plan Name 2020	Rx	Current - 4th Quarter 2019 Rate: Base Rate (a)	Plan Ratio (b)	EDA Factor (c)	4Q2019 Rate = (a x b x c)	Proposed - 1st Quarter 2020 Rate: Base Rate (d)	Plan Ratio (e)	1Q2020 Rate = (d x e)	% Rate Change 4Q19 to 1Q20	Year Over Year Rate Change: Min: 5.9% / Max: 15.6% — 1Q19 to 1Q20	2Q19 to 2Q20	3Q19 to 3Q20	4Q19 to 4Q20
EPO	BH-E7	BQ-AK	813	$652.85	0.6814	1.081	$480.89	$766.11	0.6546	$501.50	4.3%	12.7%	12.1%	11.4%	10.7%
EPO	BH-FE	BQ-AW	819	$652.85	0.5877	1.081	$414.76	$766.11	0.5543	$424.65	2.4%	10.7%	10.0%	9.4%	8.7%
EPO	BH-FR	BQ-A5	816	$652.85	0.6121	1.081	$431.98	$766.11	0.5694	$436.22	1.0%	9.2%	8.5%	7.9%	7.2%
EPO	BH-FV	BQ-A7	818	$652.85	0.5480	1.081	$386.74	$766.11	0.5127	$392.78	1.6%	9.8%	9.2%	8.5%	7.8%
EPO	BH-FN	BQ-A9	816	$652.85	0.5835	1.081	$411.79	$766.11	0.5522	$423.05	2.7%	11.1%	10.4%	9.7%	9.1%
EPO	BH-F2	BQ-BB	814	$652.85	0.7628	1.081	$538.33	$766.11	0.7442	$570.14	5.9%	14.5%	13.8%	13.1%	12.4%
EPO	BH-F5	BQ-BD	820	$652.85	0.8021	1.081	$566.07	$766.11	0.7884	$604.00	6.7%	15.3%	14.7%	14.0%	13.3%
EPO	BH-FY	BQ-BI	818	$652.85	0.4764	1.081	$336.21	$766.11	0.4463	$341.91	1.7%	9.9%	9.3%	8.6%	8.0%
EPO HSA	BH-FZ	BQ-BF	816	$652.85	0.5471	1.081	$386.11	$766.11	0.5029	$385.28	-0.2%	7.9%	7.2%	6.6%	5.9%
EPO HSA	BH-E3	BH-E3	575	$652.85	0.4090	1.081	$288.64	$766.11	0.3905	$299.17	3.6%	12.0%	11.4%	10.7%	10.0%
EPO HSA	BH-EZ	BH-EZ	816	$652.85	0.6346	1.081	$447.86	$766.11	0.6039	$462.65	3.3%	11.7%	11.0%	10.4%	9.7%
POS	BH-E4	BQ-AM	813	$652.85	0.6881	1.081	$485.61	$766.11	0.6614	$506.71	4.3%	12.8%	12.1%	11.5%	10.8%
POS	BH-E5	BQ-AQ	845	$652.85	0.8397	1.081	$592.60	$766.11	0.8272	$633.73	6.9%	15.6%	14.9%	14.2%	13.5%
POS	BH-FF	BQ-AX	819	$652.85	0.5977	1.081	$421.82	$766.11	0.5642	$432.24	2.5%	10.8%	10.1%	9.5%	8.8%
POS	BH-FW	BQ-A3	814	$652.85	0.7745	1.081	$546.59	$766.11	0.7558	$579.03	5.9%	14.5%	13.9%	13.2%	12.5%
POS	BH-FX	BQ-A6	816	$652.85	0.6040	1.081	$426.26	$766.11	0.5627	$431.09	1.1%	9.3%	8.7%	8.0%	7.4%
POS	BH-FM	BQ-A8	816	$652.85	0.5940	1.081	$419.20	$766.11	0.5627	$431.09	2.8%	11.2%	10.5%	9.9%	9.2%
POS	BH-FQ	BQ-BA	816	$652.85	0.6224	1.081	$439.25	$766.11	0.5793	$443.81	1.0%	9.2%	8.6%	7.9%	7.3%
POS	BH-FS	BQ-BC	818	$652.85	0.5574	1.081	$393.37	$766.11	0.5221	$399.99	1.7%	9.9%	9.3%	8.6%	7.9%
POS	BH-FT	BQ-BE	818	$652.85	0.4852	1.081	$342.42	$766.11	0.4549	$348.50	1.8%	10.0%	9.4%	8.7%	8.0%
POS	BH-F3	BQ-BJ	820	$652.85	0.8142	1.081	$574.61	$766.11	0.8006	$613.35	6.7%	15.4%	14.7%	14.0%	13.3%
POS HSA	BH-EY	BQ-AO	816	$652.85	0.7005	1.081	$494.36	$766.11	0.6537	$500.81	1.3%	9.5%	8.9%	8.2%	7.5%
POS HSA	BH-FU	BQ-BG	816	$652.85	0.5582	1.081	$393.94	$766.11	0.5132	$393.17	-0.2%	7.9%	7.3%	6.6%	5.9%
POS HSA	BH-E6	BH-E6	816	$652.85	0.6471	1.081	$456.68	$766.11	0.6162	$472.08	3.4%	11.7%	11.1%	10.4%	9.7%
EPO		BQ-AZ	819	New Benefit Plan				$766.11	0.4461	$341.76					
POS		BQ-AL	A85	New Benefit Plan				$766.11	0.5556	$425.65					
POS		BQ-AN	818	New Benefit Plan				$766.11	0.5683	$435.38					
POS		BQ-AR	A85	New Benefit Plan				$766.11	0.6681	$511.84					
POS		BQ-AY	819	New Benefit Plan				$766.11	0.4921	$377.00					
POS		BQ-A2	819	New Benefit Plan				$766.11	0.4540	$347.81					

DC Small Group - New, Terminated & Changed Plans - UHIC Exhibit 4

New 2020 Benefit Plans

SCID	Product	Metal Level	Plan Name
41842DC0040065-01	EPO	Silver 19	BQ-AZ
41842DC0010085-01	POS	Gold 29	BQ-AL
41842DC0010086-01	POS	Gold 28	BQ-AN
41842DC0010087-01	POS	Plat 15	BQ-AR
41842DC0010088-01	POS	Gold 31	BQ-AY
41842DC0010089-01	POS	Silver 19	BQ-A2

Terminated 2019 Benefit Plans

SCID	Product	Metal Level	Plan Name
41842DC0040063	EPO	Silver 18	BH-FH
41842DC0010083	POS	Silver 18	BH-FI

2019 Benefit Plans with Plan Changes (Uniform Modification)

SCID	Product	Metal Level	2019 Name	2020 Name	Benefit Plan Changes	Value of Benefit Change on Rate
41842DC0040057-01	EPO	Gold 22	BH-E7	BQ-AK	Add PLN	0.0%
41842DC0040062-01	EPO	Gold 23	BH-FE	BQ-AW	Add PLN	0.0%
41842DC0040045-01	EPO	Gold 13	BH-FR	BQ-A5	INN ded from 1500/3000 to 1750/3500; Add PLN	-3.0%
41842DC0040064-01	EPO	Gold 26	BH-FV	BQ-A7	Add PLN	0.0%
41842DC0040091-01	EPO	Gold 8	BH-FN	BQ-A9	Add PLN	0.0%
41842DC0040059-01	EPO	Platinum 1	BH-F2	BQ-BB	Add PLN	0.0%
41842DC0040060-01	EPO	Platinum 4	BH-F5	BQ-BD	Add PLN	0.0%
41842DC0040101-01	EPO	Silver 8	BH-FY	BQ-BI	INN Ded from 2500/5000 to 2750/5500; INN OOPM from 7900/15800 to 8150/16300; Add PLN	-1.3%
41842DC0040046-01	EPO HSA	Silver 11	BH-FZ	BQ-BF	INN Ded from 2600/5200 to 2750/5500; ER from $150 after ded to $250 after ded; Add PLN	-2.2%
41842DC0010078-01	POS	Gold 22	BH-E4	BQ-AM	Add PLN	0.0%
41842DC0010074-01	POS	Plat 14	BH-E5	BQ-AQ	INN OOPM from 3000/6000 to 4000/8000; OON OOPM from 3000/6000 to 4000/8000	-0.6%
41842DC0010082-01	POS	Gold 23	BH-FF	BQ-AX	Add PLN	0.0%
41842DC0010066-01	POS	Platinum 1	BH-FW	BQ-A3	Add PLN	0.0%
41842DC0010032-01	POS	Gold 10	BH-FX	BQ-A6	INN OOPM from 6500/13000 to 7500/15000; ER from D&C to $250+D&C; Add PLN	-2.2%
41842DC0010054-01	POS	Gold 8	BH-FM	BQ-A8	Add PLN	0.0%
41842DC0010042-01	POS	Gold 13	BH-FQ	BQ-BA	INN ded from 1500/3000 to 1750/3500; OON ded from 3000/6000 to 4000/8000; Add PLN	-3.0%
41842DC0010084-01	POS	Gold 26	BH-FS	BQ-BC	Add PLN	0.0%
41842DC0010080-01	POS	Silver 8	BH-FT	BQ-BE	INN Ded from 2500/5000 to 2750/5500; INN OOPM from 7900/15800 to 8150/16300; OON Ded from 4000/8000 to 5000/10000; Add PLN	-1.4%
41842DC0010068-01	POS	Platinum 4	BH-F3	BQ-BJ	Add PLN	0.0%
41842DC0010006-01	POS HSA	Gold 7	BH-EY	BQ-AO	INN ded from 1500/3000 to 1750/3500; OON Ded from 2000/4000 to 3000/6000	-3.2%
41842DC0010043-01	POS HSA	Silver 11	BH-FU	BQ-BG	INN Ded from 2600/5200 to 2750/5500; ER from $150 after ded to $250 after ded; OON Ded from 4000/8000 to 5000/10000; Add PLN	-2.3%

Unchanged 2019 Benefit Plans - Continued into 2020

SCID	Product	Metal Level	Plan Name
41842DC0040008-01	EPO HSA	Bronze 4	BH-E3
41842DC0040061-01	EPO HSA	Gold 1	BH-EZ
41842DC0010081-01	POS HSA	Gold 1	BH-E6

Formula & Example

Exhibit 5

Rate Calculation Formula

Monthly premium =

Base Rate
x Plan ratio
x Effective date adjustment (EDA) factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan BQ-AK with Rx 813
Effective Date: 1/1/20
Census:

	Member Ages				Age Factors			
	EE Age	Spouse Age	Child #1	Child #2	EE	Spouse	Child #1	Child #2
EE #1	43	41	10	15	1.094	1.013	0.654	0.654
EE #2	35	36	5	9	0.876	0.896	0.654	0.654
EE #3	53	55	19		1.605	1.733	0.654	

Total Members: 11

Sum of Age Factors: 10.487

Rate Calculation

	Rating Factor	Exhibit 1 Location
$766.11	Base Rate	(1)
0.6546	Benefit Plan Ratio (BQ-AK w 813)	(2)
1.000	EDA Factor (1Q20)	(3)
10.487	Group Age Factor	(4)
$5,259.18		
Total Monthly Premium		

Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model Exhibit 6

License	Plan Name Metal Level	Product	Rx Plan	2018 Members	2019 Base Rate	Current Model Plan Ratios & PMPM Medical	Current Model Plan Ratios & PMPM PMPM	New Model Plan Ratios & PMPM Medical	New Model Plan Ratios & PMPM PMPM	Rate Change by Plan	Revenue Nuetral PMPM
OCI	AE-CM	HMO	YM	761	640.65	0.7721	494.62	0.7646	489.82	1.8%	503.39
OCI	AJ-EU	HMO	ZR	1182	640.65	0.7747	496.31	0.7668	491.23	1.7%	504.84
OCI	AJ-ET	HMO	ZU	636	640.65	0.8216	526.37	0.8149	522.09	1.9%	536.55
OCI	AM-4N	HMO	YM	263	640.65	0.6000	384.36	0.5720	366.43	-2.0%	376.58
OCI	AL-EJ	HMO	YM	720	640.65	0.6106	391.15	0.5852	374.89	-1.5%	385.27
OCI	AL-EL	HMO	YM	313	640.65	0.6734	431.43	0.6485	415.43	-1.0%	426.94
OCI	AL-EK	HMO	YM	460	640.65	0.5466	350.19	0.5142	329.43	-3.3%	338.55
OCI	AX-BB	HMO	YM	1330	640.65	0.7721	494.62	0.7646	489.82	1.8%	503.39
UHCMA	AL-EI	HMO	YM	93	586.40	0.6106	358.03	0.5852	343.14	-1.5%	352.65
UHCMA	AL-DS	HMO	YM	348	586.40	0.6106	358.03	0.5852	343.14	-1.5%	352.65
UHCMA	AL-D2	HMO	YM	50	586.40	0.6734	394.89	0.6485	380.26	-1.0%	390.79
UHCMA	AL-DO	HMO	YM	63	586.40	0.6734	394.89	0.6485	380.26	-1.0%	390.79
UHCMA	AL-FH	HMO	D0	65	586.40	0.4934	289.35	0.4662	273.37	-2.9%	280.95
UHCMA	AL-FG	HMO	D0	124	586.40	0.4934	289.35	0.4662	273.37	-2.9%	280.95
UHCMA	AL-DT	HMO	YM	77	586.40	0.5466	320.53	0.5142	301.53	-3.3%	309.88
UHCMA	AL-DM	HMO	YM	94	586.40	0.5466	320.53	0.5142	301.53	-3.3%	309.88
UHCMA	AL-DU	HMO	YM	13	586.40	0.4126	241.92	0.3934	230.68	-2.0%	237.07
UHCMA	AL-DN	HMO	YM	178	586.40	0.4126	241.92	0.3934	230.68	-2.0%	237.07
UHIC	AD-7H	POS	YM	6259	652.85	0.7835	511.52	0.7761	506.69	1.8%	520.72
UHIC	AJ-EV	POS	ZR	2694	652.85	0.7852	512.59	0.7773	507.46	1.7%	521.51
UHIC	6Y-5	POS	ZV	2515	652.85	0.7487	488.82	0.7415	484.09	1.8%	497.50
UHIC	AJ-EW	POS	ZU	7167	652.85	0.8339	544.40	0.8272	540.06	2.0%	555.02
UHIC	AJ-EX	POS	ZV	4412	652.85	0.7973	520.52	0.7891	515.20	1.7%	529.47
UHIC	AJ-EY	POS	ZU	1642	652.85	0.8213	536.20	0.8138	531.29	1.8%	546.01
UHIC	AD-69	POS	263	2049	652.85	0.8394	548.02	0.8322	543.32	1.9%	558.37
UHIC	AL-DI	POS	263	736	652.85	0.8207	535.78	0.8124	530.39	1.7%	545.08
UHIC	AL-DJ	POS	263	5491	652.85	0.8441	551.10	0.8372	546.54	1.9%	561.68
UHIC	AL-DC	POS	YM	1384	652.85	0.6649	434.07	0.6355	414.90	-1.8%	426.39
UHIC	AL-C9	POS	YM	6093	652.85	0.6976	455.41	0.6714	438.34	-1.1%	450.48
UHIC	60-J	EPO	YM	404	652.85	0.6000	391.68	0.5720	373.40	-2.0%	383.75
UHIC	60-K	POS	YM	927	652.85	0.6114	399.12	0.5834	380.89	-1.9%	391.44
UHIC	AL-DX	POS	YM	2013	652.85	0.6323	412.82	0.6077	396.76	-1.2%	407.75
UHIC	AL-DY	POS	YM	4716	652.85	0.6219	406.03	0.5966	389.50	-1.4%	400.29
UHIC	AL-D1	EPO	YM	954	652.85	0.6734	439.64	0.6485	423.35	-1.0%	435.07
UHIC	AL-DZ	POS	YM	522	652.85	0.6860	447.85	0.6609	431.45	-1.0%	443.40
UHIC	AL-JF	EPO	YM	1088	652.85	0.6549	427.57	0.6416	418.90	0.7%	430.50
UHIC	AL-JG	POS	YM	2756	652.85	0.6666	435.19	0.6534	426.56	0.7%	438.37
UHIC	AL-FF	EPO	ZT	95	652.85	0.5879	383.83	0.5614	366.51	-1.9%	376.67
UHIC	AL-C8	EPO	YM	439	652.85	0.5433	354.72	0.5130	334.92	-3.0%	344.20
UHIC	AL-DA	POS	YM	575	652.85	0.5546	362.07	0.5241	342.18	-2.9%	351.65
UHIC	AL-DB	POS	YM	1051	652.85	0.5165	337.22	0.4920	321.19	-2.1%	330.09
UHIC	AL-DV	EPO	D0	170	652.85	0.4934	322.14	0.4662	304.35	-2.9%	312.78
UHIC	AL-DW	POS	D0	647	652.85	0.5030	328.37	0.4758	310.62	-2.8%	319.22
UHIC	AL-D3	EPO	ZT	421	652.85	0.5038	328.93	0.4755	310.42	-3.0%	319.02
UHIC	AL-JI	EPO	YM	626	652.85	0.5466	356.85	0.5142	335.70	-3.3%	345.00
UHIC	AL-JH	POS	YM	936	652.85	0.5580	364.28	0.5255	343.05	-3.2%	352.55
UHIC	AL-FE	EPO	ZT	23	652.85	0.4835	315.67	0.4606	300.71	-2.1%	309.04
UHIC	AL-JD	EPO	YM	94	652.85	0.4126	269.34	0.3934	256.82	-2.0%	263.94
OCI	AT-1A	HMO	684	2037	640.65	0.7675	491.69	0.7481	479.29	0.2%	492.57
OCI	AT-Z9	HMO	010	1172	640.65	0.8021	513.87	0.7886	505.20	1.0%	519.20
OCI	AT-1C	HMO	010	559	640.65	0.7931	508.07	0.7715	494.29	0.0%	507.98
OCI	AT-1B	HMO	591	748	640.65	0.5996	384.15	0.5712	365.95	-2.1%	376.08
OCI	AT-Z8	HMO	591	67	640.65	0.6755	432.77	0.6507	416.85	-1.0%	428.39
OCI	AT-Z3	HMO	723	396	640.65	0.6812	436.40	0.6541	419.02	-1.3%	430.63
OCI	AT-Z7	HMO	591	185	640.65	0.5479	351.00	0.5153	330.11	-3.3%	339.25
OCI	AT-Z6	HMO	724	136	640.65	0.5876	376.44	0.5402	346.09	-5.5%	355.68
UHCMA	AT-ZN	HMO	591	690	586.40	0.6044	354.44	0.5780	338.93	-1.7%	348.32
UHCMA	AT-ZF	HMO	591	1475	586.40	0.6044	354.44	0.5780	338.93	-1.7%	348.32
UHCMA	AT-ZL	HMO	591	64	586.40	0.6755	396.13	0.6507	381.55	-1.0%	392.12
UHCMA	AT-ZE	HMO	591	400	586.40	0.6755	396.13	0.6507	381.55	-1.0%	392.12
UHCMA	AT-Z1	HMO	593	278	586.40	0.4938	289.59	0.4673	274.03	-2.8%	281.62
UHCMA	AT-ZG	HMO	593	237	586.40	0.4938	289.59	0.4673	274.03	-2.8%	281.62
UHCMA	AT-ZH	HMO	591	75	586.40	0.5479	321.28	0.5153	302.15	-3.3%	310.52
UHCMA	AT-ZD	HMO	591	332	586.40	0.4835	283.52	0.4601	269.82	-2.2%	277.29
UHCMA	AT-YW	HMO	575	30	586.40	0.4102	240.52	0.3914	229.54	-1.9%	235.90
UHCMA	AT-ZB	HMO	575	372	586.40	0.4102	240.52	0.3914	229.54	-1.9%	235.90
UHCMA	AT-YY	HMO	725	45	586.40	0.4445	260.67	0.4198	246.14	-3.0%	252.96
UHCMA	AT-ZC	HMO	725	21	586.40	0.4445	260.67	0.4198	246.14	-3.0%	252.96
UHIC	AT-ZX	EPO	684	429	652.85	0.7675	501.06	0.7481	488.42	0.2%	501.95
UHIC	AT-ZO	POS	684	5670	652.85	0.7792	508.68	0.7599	496.07	0.2%	509.82
UHIC	AT-YT	POS	590	2009	652.85	0.7354	480.10	0.7283	475.50	1.8%	488.67
UHIC	AT-ZY	EPO	010	735	652.85	0.8021	523.66	0.7886	514.82	1.0%	529.08
UHIC	AT-ZR	POS	010	6537	652.85	0.8143	531.61	0.8008	522.80	1.1%	537.28
UHIC	AT-ZS	POS	010	9057	652.85	0.8053	525.71	0.7838	511.69	0.0%	525.87
UHIC	AT-ZA	POS	263	5310	652.85	0.8339	544.43	0.8263	539.43	1.8%	554.38
UHIC	AT-YS	POS	591	5385	652.85	0.7026	458.71	0.6776	442.37	-0.9%	454.62
UHIC	AT-ZP	EPO	591	1134	652.85	0.5996	391.47	0.5712	372.92	-2.1%	383.25
UHIC	AT-ZQ	POS	591	1906	652.85	0.6110	398.91	0.5827	380.40	-2.0%	390.94
UHIC	AT-ZI	POS	591	6918	652.85	0.6152	401.65	0.5889	384.44	-1.6%	395.09
UHIC	AT-ZK	EPO	591	1108	652.85	0.6321	412.65	0.6005	392.01	-2.4%	402.87
UHIC	AT-ZJ	POS	591	3463	652.85	0.6881	449.23	0.6631	432.90	-1.0%	444.89
UHIC	AT-ZT	EPO	591	2545	652.85	0.6378	416.38	0.6062	395.75	-2.3%	406.71
UHIC	AT-ZU	POS	591	7308	652.85	0.6486	423.47	0.6171	402.89	-2.2%	414.05
UHIC	AT-YV	EPO	593	649	652.85	0.5842	381.39	0.5580	364.29	-1.8%	374.38
UHIC	AT-YZ	EPO	726	618	652.85	0.5809	379.21	0.5504	359.30	-2.6%	369.25
UHIC	AT-Y1	POS	726	834	652.85	0.5903	385.39	0.5599	365.51	-2.5%	375.64
UHIC	AT-Y6	EPO	723	670	652.85	0.6812	444.71	0.6541	427.00	-1.3%	438.83
UHIC	AT-Y7	POS	723	1485	652.85	0.6879	449.12	0.6609	431.44	-1.3%	443.39
UHIC	AT-ZM	EPO	593	598	652.85	0.4938	322.41	0.4673	305.09	-2.8%	313.54
UHIC	AT-ZZ	POS	593	849	652.85	0.5034	328.63	0.4769	311.35	-2.6%	319.98
UHIC	AT-ZW	EPO	591	863	652.85	0.5479	357.69	0.5153	336.39	-3.3%	345.71
UHIC	AT-ZV	POS	591	1160	652.85	0.5590	364.91	0.5262	343.53	-3.3%	353.04
UHIC	AT-YU	EPO	593	143	652.85	0.4822	314.77	0.4598	300.19	-2.0%	308.50
UHIC	AT-Y2	EPO	726	121	652.85	0.4824	314.96	0.4609	300.89	-1.8%	309.23
UHIC	AT-Y3	POS	726	277	652.85	0.4898	319.78	0.4683	305.75	-1.7%	314.21
UHIC	AT-Y4	EPO	726	90	652.85	0.4743	309.62	0.4514	294.67	-2.2%	302.83
UHIC	AT-Y5	POS	726	120	652.85	0.4817	314.45	0.4588	299.54	-2.1%	307.83
UHIC	AT-Y8	EPO	724	66	652.85	0.5876	383.61	0.5402	352.68	-5.5%	362.45
UHIC	AT-Y9	POS	724	305	652.85	0.5943	387.98	0.5469	357.07	-5.4%	366.96
UHIC	AT-YX	EPO	575	234	652.85	0.4102	267.77	0.3914	255.55	-1.9%	262.63

Total 2018 membership in ACA plans:	143,584		143,584
Average rate PMPM using the current pricing model:	$463.76	**Current Revenue:**	$ 66,588,908
Average rate PMPM using the new pricing model:	$451.26	**New Revenue:**	$ 66,588,908
Revenue Neutrality Adjustment:	2.8%	**Change in Revenue:**	0.0%

Cost Sharing Design of Plan

Exhibit 7

	BQ-A3	BQ-BJ	BQ-AQ	BQ-AR	BQ-AO	BQ-A6	BQ-BA	BQ-A8	BQ-AM	BH-E6	BQ-AX	BQ-BC	BQ-AL	BQ-AN	BQ-AY	BQ-BG	BQ-BE	BQ-A2	BQ-BB	BQ-BD	BQ-A5	BQ-AK	BH-EZ	BQ-AW	BQ-A7	BQ-A9	BQ-BF	BQ-AZ	BQ-BI	BH-E3
Actuarial value and cost-sharing design of the plan (From the URRT)	0.941	0.997	1.030	0.832	0.814	0.700	0.721	0.700	0.823	0.767	0.702	0.650	0.692	0.707	0.613	0.639	0.566	0.565	0.926	0.981	0.709	0.815	0.752	0.690	0.638	0.687	0.626	0.555	0.556	0.486
Paid/Allowed Ratio (Cost-Sharing only)	0.724	0.767	0.792	0.640	0.695	0.599	0.616	0.599	0.704	0.656	0.600	0.555	0.591	0.605	0.524	0.592	0.524	0.523	0.713	0.755	0.606	0.696	0.643	0.590	0.545	0.587	0.580	0.514	0.514	0.486
Used Induced utilization factors	1.300	1.300	1.300	1.300	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.080	1.080	1.080	1.300	1.300	1.170	1.170	1.170	1.170	1.170	1.170	1.080	1.080	1.080	1.000
Calculated	0.941	0.996	1.030	0.832	0.814	0.700	0.721	0.700	0.823	0.767	0.702	0.650	0.691	0.707	0.612	0.639	0.566	0.565	0.926	0.981	0.709	0.815	0.752	0.690	0.638	0.687	0.626	0.555	0.556	0.486

Exhibit A

Member Months, Earned Premium & Incurred Claim Experience - UHIC

Month	Members	Earned Premium	Incurred Claims	Risk Adjustment	Claim PMPM	Risk Adj. Loss Ratio	Galaxy Rx Rebate
Jan-16	7,809	3,353,774	2,153,981	-5.1%	275.83	67.7%	(140,886)
Feb-16	7,812	3,351,827	3,004,471	-5.1%	384.60	94.5%	(154,577)
Mar-16	7,785	3,353,929	2,249,265	-5.1%	288.92	70.7%	(172,682)
Apr-16	7,926	3,421,270	2,478,744	-5.1%	312.74	76.3%	(170,024)
May-16	8,015	3,459,521	2,519,209	-5.1%	314.31	76.7%	(142,711)
Jun-16	8,119	3,518,895	2,369,236	-5.1%	291.81	70.9%	(166,726)
Jul-16	8,182	3,564,006	2,281,331	-5.1%	278.82	67.5%	(148,666)
Aug-16	8,310	3,632,483	2,516,157	-5.1%	302.79	73.0%	(170,589)
Sep-16	8,284	3,671,810	2,484,192	-5.1%	299.88	71.3%	(165,862)
Oct-16	8,188	3,664,223	2,458,794	-5.1%	300.29	70.7%	(146,466)
Nov-16	8,140	3,565,311	2,623,538	-5.1%	322.30	77.5%	(165,211)
Dec-16	8,562	3,861,090	2,413,240	-5.1%	281.85	65.9%	(167,575)
Jan-17	8,504	3,812,114	2,742,140	3.3%	322.45	69.6%	(171,916)
Feb-17	8,679	3,878,597	3,077,906	3.3%	354.64	76.8%	(178,355)
Mar-17	8,749	3,886,716	3,138,112	3.3%	358.68	78.1%	(192,976)
Apr-17	8,705	3,848,681	2,662,877	3.3%	305.90	67.0%	(173,815)
May-17	8,803	3,883,853	3,390,904	3.3%	385.20	84.5%	(206,321)
Jun-17	8,824	3,872,150	3,945,739	3.3%	447.16	98.6%	(193,353)
Jul-17	8,796	3,865,787	4,070,851	3.3%	462.81	101.9%	(195,995)
Aug-17	8,850	3,886,257	3,380,706	3.3%	382.00	84.2%	(184,826)
Sep-17	8,776	3,836,894	2,922,937	3.3%	333.06	73.7%	(182,476)
Oct-17	8,875	3,894,442	3,070,879	3.3%	346.01	76.3%	(221,965)
Nov-17	9,047	3,953,139	3,744,435	3.3%	413.89	91.7%	(189,532)
Dec-17	9,382	4,144,177	3,371,601	3.3%	359.37	78.7%	(217,682)
Jan-18	9,792	4,336,579	3,630,836	1.9%	370.80	82.2%	(226,686)
Feb-18	9,871	4,366,553	3,327,527	1.9%	337.10	74.8%	(213,188)
Mar-18	9,948	4,395,040	3,890,612	1.9%	391.09	86.9%	(239,074)
Apr-18	10,073	4,430,048	4,123,093	1.9%	409.32	91.3%	(231,950)
May-18	10,212	4,491,004	3,675,708	1.9%	359.94	80.3%	(273,120)
Jun-18	10,566	4,648,872	3,722,396	1.9%	352.30	78.6%	(282,577)
Jul-18	10,766	4,698,864	3,768,899	1.9%	350.07	78.7%	(246,624)
Aug-18	10,879	4,789,252	3,582,646	1.9%	329.32	73.4%	(290,001)
Sep-18	11,021	4,854,251	3,788,872	1.9%	343.79	76.6%	(264,711)
Oct-18	11,299	5,018,673	3,728,515	1.9%	329.99	72.9%	(255,066)
Nov-18	11,342	5,050,263	4,455,111	1.9%	392.80	86.6%	(284,193)
Dec-18	11,694	5,078,948	4,394,519	1.9%	375.79	84.9%	(262,140)
2018 Total	127,463	56,158,345	46,088,734	1.9%	361.59	80.5%	(3,069,330)

Certification for AV Calculator

Exhibit B

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	INN Coins	OP Copay Free Standing	OP Copay Hospital	Imaging (CT/PET Scans, MRIs) Free Standing	Imaging (CT/PET Scans, MRIs) Hospital	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Specialty Drugs (i.e. high-cost)	Methodology
Bronze 4	100%	D&C	D&C	D&C	D&C			$0.00	c,d
Silver 8	70%	$300	D&C	$300	D&C	56.2%/D&C	32.8%/D&C	$120.00	b,c,d
Silver 11	100%	D&C	$250+D&C	D&C	$250+D&C	D&C/63.5%	D&C/44.0%	$120.00	a, b, c, d
Silver 19	70%	D&C	D&C	D&C	D&C			$120.00	c,d
Gold 1	90%	D&C	D&C	D&C	D&C			$120.00	c,d
Gold 7	100%	D&C	D&C	D&C	D&C			$120.00	c,d
Gold 8	80%	D&C	$250+D&C	D&C	$250+D&C	D&C/50.4%	D&C/33.9%	$120.00	a,b,c,d
Gold 10	80%	D&C	$250+D&C	D&C	$250+D&C	D&C/50.4%	D&C/33.9%	$120.00	a,b,c,d
Gold 13	100%	D&C	$250+D&C	D&C	$250+D&C	D&C/63.0%	D&C/42.4%	$120.00	a,b,c,d
Gold 23	80%	D&C	D&C	$500	$500			$120.00	c,d
Gold 26	100%	$150+D&C	$300+D&C	$150+D&C	$300+D&C	77.8%/55.6%	65.4%/30.8%	$120.00	a,b,c,d
Gold 28	70%	Coins Only	Coins Only	Coins Only	Coins Only			$120.00	c,d
Gold 29	80%	D&C	D&C	D&C	D&C			$0.20	c,d
Gold 31	80%	D&C	D&C	D&C	D&C			$120.00	c,d
Platinum 1	100%	D&C	$250+D&C	D&C	$250+D&C	D&C/60.7%	D&C/40.4%	$100.00	a,b,c,d
Platinum 4	100%	$0	$150	$0	$150	FS vs. H Run	FS vs. H Run	$100.00	b,c,d
Platinum 15	80%	Coins Only	Coins Only	Coins Only	Coins Only			$0.20	c,d

Methodology

a) An effective coinsurance for Per-Occurrence Deductibles on Imaging services and Outpatient facility fee was calculated based on unit costs derived from UnitedHealthcare's proprietary pricing model.

b) Actuarial Value is the blend of Free-Standing and Hospital setting run, where weight of Free Standing and Hospital Setting are adjusted based on actual utilization of free standing and hospital facilities by service categories.

c) Speciality Rx: Entered the Rx Tier cost share with the highest specialty drug utilization per UnitedHealthcare's proprietary pricing model.

d) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Ryan Morgan, FSA, MAAA

Exhibit D

DC Small Group Rate Review - Development of Underwriting Loss Ratio

Total for UHIC, UHCMA, and OCI

	Total
Experience 1/1/2018-12/31/2018	
1a. Member Months	143,511
1b. Incurred Claims	$50,081,602
1c. Claim PMPM (1b/1a)	$348.97
1d. Catastrophic Claims Adjustment PMPM	$2.06
1e. Adjusted Claim PMPM (1c+1d)	$351.03
1f. Earned Premium	$62,255,352
1g. Premium PMPM (1f/1a)	$433.80
1h. Adjusted Benefit Ratio (1e/1g)	80.9%
2a. Claim trend	1.181
From center of experience period: 7/1/18	
to average center of 1/1/19 pricing period: 7/1/20, 8/1/20, 9/1/20	
(25 months at 8.3% annual rate)	
2b. Deductible Maturity adjustment	1.01
2c. Claim cost subtotal (1c x 2a x 2b)	$418.61
2d. Admin, Profit & Taxes	$108.18
Admin	$41.17
Commissions	$13.82
Taxes	$37.36
Profit	$15.82
2e. Needed revenue PMPM before risk adjustment (2c + 2d)	$526.79
2g. Risk Adjustment (2.7% Payer)	$14.55
2f. Needed Revenue PMPM after risk adjustment (2e + 2f)	**$541.34**
3a. DC SG Trended Base Rate	$720.42
3b. Proposed Base Rate Increase (3.1%)	1.031
3c. Current Average Med Plan Rel	0.7095
3d. Current Average Age Factor	1.027
3e. Current premium PMPM for 1/1/20 effective date (3a x 3b x 3c x 3d)	**$541.34**
4. Estimated Underwriting Loss Ratio (2c/2e)	**79.5%**

UnitedHealthcare®

Healthcare Economics

WASHINGTON DC SMALL GROUP PRICING TREND DEVELOPMENT
APRIL 2019 RATE FILING SUPPORT

WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT

	Notes:	Inpatient	Outpatient	Professional	Other	Capitation	Total Medical	Retail Pharmacy	Weighted Aggregate
Component Summary									
Utilization / Service Mix	[1] , [2]	3.7%	4.2%	2.7%	0.4%	0.0%	3.2%	3.9%	**3.3%**
Unit Cost	[3]	4.8%	4.9%	3.0%	1.0%	3.3%	4.0%	4.8%	**4.1%**
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Benefit Leveraging	[4]	0.1%	0.6%	1.0%	0.3%	0.0%	0.5%	1.0%	**0.6%**
Margin		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Total Proposed Pricing Trend	[6]	**8.8%**	**9.9%**	**6.8%**	**1.7%**	**3.3%**	**7.9%**	**9.9%**	**8.3%**
Service Weight - Washington Dc		22.5%	25.1%	24.3%	5.7%	2.5%	80.1%	19.9%	100.0%

Notes:

[1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
[2] Represents expected changes in intensity of services provided.
[3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
[4] Impact of member cost-share leveraging on net claims cost trend.
[5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
[6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***	***Company Tracking #:***

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC_41842_UHIC_SG_PartIII_2020Q1_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC-SG-UHIC-ActMemo-2020-01-v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC_41842_UHIC_SG_PartIII_2020Q1_v1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC-SG-UHIC-Cover-2020-01-v1.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***	***Company Tracking #:***

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	DC-SG-UHIC-ActuarialDataset-2020-01-v2.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2020_UHIC_URRT_v1.pdf 2020_UHIC_URRT_v1.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	DC-SG-UHIC-PlainLanguageSummary-2020-01-v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Review Checklist
Comments:	
Attachment(s):	DC-SG-Checklist-2020.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***	***Company Tracking #:***

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	AV Screenshots_UHIC_2020_01.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Risk Adjustment RATEE Data
Comments:	
Attachment(s):	DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf 41842.RATEE.D20190503T004836.P.xml
Item Status:	
Status Date:	

State: District of Columbia **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: DC-SG-UHIC-2020-01
Project Name/Number: /

Attachment DC-SG-UHIC-ActuarialDataset-2020-01-v2.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2020_UHIC_URRT_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment 41842.RATEE.D20190503T004836.P.xml is not a PDF document and cannot be reproduced here.

Federal Rate Filing Justification Part III
Actuarial Memorandum and Certification

UnitedHealthcare Insurance Company
NAIC: 0707-41842
FEIN: 362739571

State of District of Columbia Rate Review

Table of Contents

Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare Insurance Company. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold on the Small Business Health Options Program in District of Columbia for the 2020 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	UnitedHealthcare Insurance Company
State:	District of Columbia
HIOS Issuer ID:	41842
Market:	Small Business, 1-50
Proposed Effective Date:	January 01,2020

Primary Contact Information

Name:	Ryan Morgan, FSA, MAAA
Telephone Number:	414-443-4287
Email Address:	ryan_morgan2@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 11.24% compared to the prior filing. These changes are applied uniformly to all plans within a rating area. The proposed pricing trend is 8.29% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
  - Increasing Cost of Medical Services – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
  - Increased Utilization – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
  - Higher Costs from Deductible Leveraging – Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
  - Cost shifting from the public to the private sector – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
  - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
  - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
  - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
  - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
  - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
  - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2018 through 12/31/2018, with claims paid through 2/28/2019.

Current Date

The current enrollment and premium is reported as of 12/31/2018.

Support for estimate of incurred but not paid claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2018 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare Insurance Company to be lower than the market. This results in an approximate adjustment of $5.66 PMPM.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the introduction of the URRT 5.0 and the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2018 experience to project it to the 2020 rating period. Our most recent analysis indicates annual trend in the state of District of Columbia for the 2019 and 2020 calendar years will be 8.1% and 8.3%, respectively. The table below details the components of each trend factor.

Trend Component	2019	2020
Unit Cost	3.90%	4.10%
Utilization	3.30%	3.30%
Total	8.10%	8.30%

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

The experience for this legal entity contains 127,463 member months which does not exceed the 360,000 member months needed to be considered fully credible. As such the credibility of UnitedHealthcare Insurance Company is set to 0%, and the remaining uses the credibility manual described above.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate. The manual rate is sufficiently independent from the experience and can be blended with it for purposes of rate development.

Section 9: Development of Projected Index Rate

The experience period index rate is $408.45 PMPM.

The Index Rate For the experience period is approximately 98.52% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 98.52% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of $484.48 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market-wide Index Rate

Reinsurance

There is no reinsurance program in force for this business, and as a result there are no reinsurance recoveries to report.

Risk Adjustment Payment/Charge

UnitedHealthcare Insurance Company anticipates paying for risk adjustment transfers in the state of District of Columbia for the 2020 plan year, which has been grossed up to $13.03 PMPM on an allowed basis for purposes of calculating the Market-wide Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2020 plan year will be similar to what it was in the 2018 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2020 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2018 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

Index Rate	Net Federal or State Reinsurance (allowed basis)	Risk Adjustment Payment/Charge (allowed basis)	Exchange Fee Adjustment (allowed basis)	Market Adjusted Index Rate
$484.48	$0.00	($13.03)	0.00%	$497.51

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare Insurance Company does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare Insurance Company's nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2018 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 7.1% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.8%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	2.7%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.6%
Total	**7.1%**

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 1.028, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the DISB specified age curve.

Geographic Calibration

The geographic factor calibration is 1, which equals one divided by the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	1.000

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2020 rate development.

Our analysis did not indicate that there were credible, material differences indicated by the comparison of currently approved area factors and the UHC data reflecting unit cost differences.

Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate
x Age Calibration Factor
x Geographic Calibration Factor
x Consumer Specific Age Rating Factor
x Consumer Specific Geographic Rating Factor
x Small Group Trend Adjustment
= Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2020 is 86.2%. UnitedHealthcare Insurance Company agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Since the last rate filing, UHC has elected to report a single quality improvement activity (QIA) amount of 0.8% of premium in lieu of actual QIA expenditures. This action is allowed per the 2019 Final Notice of Benefit and Payment Parameters (NBPP). Issuers electing to use the 0.8% must do it consistently across all states and markets subject to MLR, including amongst all affiliated issuers.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded $1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Zero Dollar Copay for Dependents Under Age 19

Some plan designs assume no PCP copay applies for children under the age of 19. These copays were converted to an effective copay based on UnitedHealthcare historical membership distributions.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Section 16: Membership Projections

The 2020 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2020. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Plan Type

A plan type of EPO & POS has been selected, which describes the plans exactly.

Section 18: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

UnitedHealthcare Finance Department

- Projected SG&A Assumption
- Total Projected Membership

UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider Cost Savings Estimates
- Plan Relativity Modeling

Section 19: Actuarial Certification

I, Ryan Morgan, FSA, MAAA, am a Director, Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
  - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
  - Developed in compliance with the applicable Actuarial Standards of Practice.
  - Reasonable in relation to the benefits provided and population anticipated to be covered.
  - Neither excessive, deficient, nor unfairly discriminatory.

- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CRF 156.80(d)(2) were used to generate plan level rates.

- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 .

- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

5/24/2019

Ryan Morgan, FSA, MAAA
Director, Actuarial Services

Date

Actuarial Memorandum
UnitedHealthcare Insurance Company, NAIC #79413
DC Small Group Rate Filing

May 24, 2019

This rate filing presents proposed premium rates effective January 1, 2020 through December 31, 2020 for medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers.

The filing has been prepared as required by the "Reasonable Health Insurance Ratemaking and Health Care Reform Act of 2010", as well as current ACA rules and more recent guidance from the DC Department of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the DC Department of Insurance.

The benefit plans and rates are for non-grandfathered employers. The proposed rates and rate factors are in Exhibit 1, which also displays the metal level and actuarial value of each benefit plan. Benefit plan descriptions are in Exhibit 2. Exhibit 4 identifies new benefit plans being added in 2020, and 2019 benefit plans with plan changes (uniform modification).

Responding to the items in the DC Rate Filing Checklist:

1. Purpose of Filing. UnitedHealthcare is filing for the first time rates for 2020. The proposed 1st quarter 2020 rates are on average 12.3% higher than our 1st quarter 2019 rates. The rate changes vary by benefit plan as we have realigned our price relationships between plans. In addition, we are filing for quarterly rate increases as follows: 2Q19 +2.0%, 3Q19 +2.1%, 4Q19 +2.0%. These quarterly rate increases are based on our trend rate of 8.3%. The average year-over-year renewal rate change is +11.2%, the minimum change on this entity is +5.9%, and the maximum change on this entity is +15.6%. Please see Exhibit 3 for detail on the rate changes.

2) Form Numbers. The form numbers are as follows: POL20.SHOP.I.2018.SG.DC, COC20.SHOP.I.2018.SG.DC, SBN20.CHP.I.2018.SG.DC.PL1, SBN20.CHP.I.2018.SG.DC.PL4, SBN20.CHP.I.2018.SG.DC.PL14, SBN20.CHP.I.2018.SG.DC.PL15, SBN20.CHP.I.2018.SG.DC.GO1, SBN20.CHP.I.2018.SG.DC.GO7, SBN20.CHP.I.2018.SG.DC.GO8, SBN20.CHP.I.2018.SG.DC.GO10, SBN20.CHP.I.2018.SG.DC.GO13, SBN20.CHP.I.2018.SG.DC.GO22, SBN20.CHP.I.2018.SG.DC.GO23, SBN20.CHP.I.2018.SG.DC.GO26, SBN20.CHP.I.2018.SG.DC.GO28, SBN20.CHP.I.2018.SG.DC.GO29, SBN20.CHP.I.2018.SG.DC.GO31, SBN20.CHP.I.2018.SG.DC.SL8, SBN20.CHP.I.2018.SG.DC.SL11, SBN20.CHP.I.2018.SG.DC.SL19, SBN20.CHC.I.2018.SG.DC.PL1, SBN20.CHC.I.2018.SG.DC.PL4, SBN20.CHC.I.2018.SG.DC.GO1, SBN20.CHC.I.2018.SG.DC.GO8, SBN20.CHC.I.2018.SG.DC.GO13, SBN20.CHC.I.2018.SG.DC.GO22, SBN20.CHC.I.2018.SG.DC.GO23, SBN20.CHC.I.2018.SG.DC.GO26, SBN20.CHC.I.2018.SG.DC.SL8, SBN20.CHC.I.2018.SG.DC.SL11, SBN20.CHC.I.2018.SG.DC.SL19, SBN20.CHC.I.2018.SG.DC.BR4, RID20.PDS.NET.I.2018.SG.DC, RID20.PDS.NET-OON.I.2018.SG.DC, RID20.PVCS.NET.I.2018.SG.DC, RID20.PVCS.NET-OON.I.2018.SG.DC, RID20.RX.NET.I.2018.SG.DC, RID20.RX.NET-OON.I.2018.SG.DC, SBN20.RX.NET.I.2018.SG.DC.20%, SBN20.RX.NET.I.2018.SG.DC.54075, SBN20.RX.NET.I.2018.SG.DC.104075, SBN20.RX.NET.I.2018.SG.DC.152550, SBN20.RX.NET.I.2018.SG.DC.1050100150, SBN20.RX.NET.I.2018.SG.DC.NONE,

SBN20.RX.NET-OON.I.2018.SG.DC.20%, SBN20.RX.NET-OON.I.2018.SG.DC.54075, SBN20.RX.NET-OON.I.2018.SG.DC.104075, SBN20.RX.NET-OON.I.2018.SG.DC.152550, SBN20.RX.NET-OON.I.2018.SG.DC.1050100150, RID20.ODYSSEYTRAVEL.I.2018.SG.DC, RID20.REALAP.I.2018.SG.DC

3) HIOS Product ID. The HIOS product ID's for the respective products are as follows: CH+/Ins (POS): 41842DC001 and CH/Ins (EPO): 41842DC004

4) Effective Date. 1/1/2020.

5) Market. The benefit plans will be offered in the small employer group market.

6) Status of Forms. The forms are open to new sales and are for non-grandfathered groups.

7) Benefits/Metal Levels. The benefits by plan are summarized in Exhibit 2. The metal level for each benefit plan is indicated in Exhibit 1.

7.1) AV Value. The actuarial value for each plan design using the HHS provided AV calculator is indicated in Exhibit 1. For plan designs that do not fit into the AV calculator, certification of the methodology and input used is in Exhibit B.

8) Average Rate Increase Requested

Incremental:

1Q20/4Q19: +3.9%
2Q20/1Q20: +2.0%
3Q20/2Q20: +2.1%
4Q20/3Q20: +2.0%

Year-over-year renewal:

1Q20/1Q19: +12.3%
2Q20/2Q19: +11.7%
3Q20/3Q19: +11.1%
4Q20/4Q19: +10.4%
Average year-over-year renewal: +11.2%

9) Maximum Rate Increase Requested

Incremental:

1Q20/4Q19: +6.9%
2Q20/1Q20: +2.0%
3Q20/2Q20: +2.1%
4Q20/3Q20: +2.0%

Year-over-year renewal: +15.6%

10) Minimum Rate Increase Requested

Incremental:

1Q20/4Q19: -0.2%
2Q20/1Q20: +2.0%
3Q20/2Q20: +2.1%
4Q20/3Q20: +2.0%

Year-over-year renewal: +5.9%

11) Absolute Maximum Premium Increase. The absolute maximum year-over-year renewal increase, including one year of aging (20 to 21, which is an 11.1% increase in age factor), is +28.3%.

12) Average Renewal Rate Increase for a Year. The average renewal rate change by HIOS product ID is: 41842DC001 +11.4%, 41842DC004 +9.6% .

13) Rate Change History.
10/1/19: +2.7%
7/1/19: +2.6%
4/1/19: +2.6%
1/1/19: +1.1%
10/1/18: +1.7%
7/1/18: +1.8%
4/1/18: +1.7%
1/1/18: -3.0%
10/1/17: +2.6%
7/1/17: +2.5%
4/1/17: +2.5%
1/1/17: -5.7%
10/1/16: +1.9%
7/1/16: -3.2%
4/1/16: +1.9%
1/1/16: +5.0%

14) Exposure. As of February, 2019:
Policies: 1,674
Certificates: 7,013
Covered Lives: 11,950

15) Member Months. See Exhibit A.

16) Past Experience. See Exhibit A.

17) Index Rate. $484.48

17.1) Rate Development.

The base experience is shown in Exhibit A.

We are proposing to set our 1st quarter 2020 on average 3.9% higher than our current 4th quarter 2019 rates, and then apply quarterly rate increases in each of the last three quarters of 2020. The quarterly rate increases are equivalent to an annual 8.3% trend. As shown in Exhibit D, our analysis indicates that these rates will yield a 79.5% underwriting loss ratio (claims divided by premium which includes PPACA fees).

The 2020 base rate of $766.11 is calculated as follows: (2019 Base Rate) x (Trend with PPACA fees) x (Revenue Neutral Base Rate Adjustment) x (1/1/2020 Rate Change)
2020 Base Rate = ($652.85) x (1.1072) x (1.028) x (1.031) = $766.11

18) Credibility Assumption. We have set our rate levels based on the combined DC experience on our small group licenses, which we believe is credible.

19) Trend Assumption. See Exhibit T. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for DC rate development.

20) Cost Sharing Changes and 21) Benefit Changes. Changes to member cost sharing were required for certain benefit plans. Use of the new federal Actuarial Value (AV) Calculator led to some benefit plans falling outside the allowed +2% /-4% AV metal ranges. Benefit plan changes were made to move these plans back into the allowed AV ranges. The benefit changes for these plans, and the estimated cost value of the changes, is shown in Exhibit 4.

22) Plan Relativities. We refined the medical plan price relativities to reflect the most recent methodology update using the most recent available models. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our ARC Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Using the new ARC model (used for both medical and Rx price relativities), we set the new 2020Q1 base rates to be 2.8% higher, using our 2018 membership by benefit plan as weights, than the 2019Q1 rates. This is demonstrated in Exhibit 6.

23) Rating Factors. We are resetting our 1st quarter 2020 Effective Date Adjustment (EDA) factors to 1.000. Rating factors are displayed on Exhibit 1. Exhibit 3 details the changes to rating factors.

23.1) Wellness Programs. No wellness programs are included in this rate filing.

24) Distribution of Rate Increases. The distribution of rate increases is shown in the DISB Actuarial Memorandum Dataset.

25) Claim Reserve Needs. The incurred period used for the base period is 1/1/18 through 12/31/18, using claims paid through 2/28/19. The claim reserve amounts are included in Exhibit A. A description of our reserving methodology is included in the Part III Actuarial Memorandum.

26) Administrative Costs of Programs that Improve Health Care Quality. The Improving Health Care Quality costs in total for our small group licenses is 0.8% of premium.

27) Taxes and Licensing or Regulatory Fees. The amount of taxes, licenses, and fees subtracted from premium in the denominator of the medical loss ratio calculation is 7.2%. Differences from amounts in the Supplemental Health Care Exhibit are due to different amounts of PPACA fees by year, and different Federal Income Taxes due to different underwriting loss ratios.

28) Medical Loss Ratio (MLR). The anticipated Federal MLR is 86.2%, which is greater than the 80% minimum. The estimated Federal MLR components, adjustments, and formula are as follows:

79.5%	Underwriting loss ratio
0.8%	QI/HIT Medical costs added
7.1%	Taxes, regulatory fees and assessments

MLR formula: [(UW LR) x (1 + QIT)] / (1 – taxes)

29) Risk Adjustment. Based on analysis done in conjunction with a national actuarial consulting firm, we estimate we will be a 2.7% risk payer in total for our small group licenses, this is assumed in the underwriting loss ratio development.

30) Past and Prospective Loss Experience Within and Outside the State. Only loss experience on DC plans, written on DC employers, was used in the development of the rates. This experience does include medical services provided outside DC, to employees of DC employers who live outside DC, or to DC residents who obtain medical services outside DC. We have set our rate levels based on the total overall experience of our small group licenses in DC, which we believe is credible, thus not requiring use of loss experience outside the state.

31) A Reasonable Margin for Reserve Needs. The profit margin assumed in the development of the proposed rates is 3.0% of premium. This assumption was derived as: 100% – projected underwriting loss ratio – projected expenses (including PPACA fees) as % of premium – projected taxes (including FIT) as % of premium. This methodology has not changed from prior filings.

32) Past and Prospective Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the small group licenses. Except for difference in PPACA fees which vary by calendar year, they are forecasted 2020 year expenses that are expected to continue in the future.

% of Premium	Expense Category
2.9%	Salaries, wages, employment taxes, and other employee benefits
2.6%	Commissions
7.1%	Taxes, licenses, and other regulatory fees
1.6%	Cost containment programs / quality improvement activities
3.4%	All other administrative expenses
17.5%	Total

33) Any Other Relevant Factors Within and Outside the State. None.

34) Other. None.

35) Actuarial Certification.

I, Ryan Morgan, a Director at UnitedHealthcare, am an FSA and MAAA. I satisfy the 2018 continuing professional development requirements of the Academy and therefore am qualified to issue this 2019 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing. There are no conflicts of interest with regards to my production of this rate filing.

I certify that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of DC and all applicable Actuarial Standards of Practice, including ASOP No. 8, and the rates are not unfairly discriminatory.

Ryan Morgan, FSA, MAAA
Date: 5/24/2019

36) Part I Preliminary Justification for Grandfathered Plan Filings. Not applicable.

36.1) Unified Rate Review Template. This is provided via SERFF.

37) Part II Preliminary Justification. This is provided via SERFF.

38) DISB Actuarial Memorandum Dataset. This is provided via SERFF.

39) DC Plain Language Summary. This is provided via SERFF.

40) Summary of Components for Requested Rate Change: Please see Exhibit 3.

41) CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E'): This was provided via SERFF.

42) Additional Requirements for Stand-Alone Dental Plans. Not applicable.

List of exhibits included in rate filing:

Exhibit 1: Rates and rate factors.
Exhibit 2: Benefit plan descriptions.
Exhibit 3: Rate factor changes.
Exhibit 4: Rating example.
Exhibit A: Member months, earned premium & incurred claim experience.
Exhibit B: Certification for AV calculator.
Exhibit C: PPACA fees & development of fee EDA factors by quarter.
Exhibit D: Development of underwriting loss ratio.
Exhibit T: Trend assumptions and development.

Please keep these rates confidential to the extent allowed by DC law.

If you have questions, or need any further information, please do not hesitate to contact me.

Sincerely,

Ryan Morgan, FSA, MAAA
Director, Actuarial Services
UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum and Certification

UnitedHealthcare Insurance Company
NAIC: 0707-41842
FEIN: 362739571

State of District of Columbia Rate Review

Table of Contents

Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare Insurance Company. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold on the Small Business Health Options Program in District of Columbia for the 2020 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	UnitedHealthcare Insurance Company
State:	District of Columbia
HIOS Issuer ID:	41842
Market:	Small Business, 1-50
Proposed Effective Date:	January 01,2020

Primary Contact Information

Name:	Ryan Morgan, FSA, MAAA
Telephone Number:	414-443-4287
Email Address:	ryan_morgan2@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 11.24% compared to the prior filing. These changes are applied uniformly to all plans within a rating area. The proposed pricing trend is 8.29% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
  - Increasing Cost of Medical Services – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
  - Increased Utilization – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
  - Higher Costs from Deductible Leveraging – Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
  - Cost shifting from the public to the private sector – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
  - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
  - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
  - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
  - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
  - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
  - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2018 through 12/31/2018, with claims paid through 2/28/2019.

Current Date

The current enrollment and premium is reported as of 12/31/2018.

Support for estimate of incurred but not paid claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2018 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare Insurance Company to be lower than the market. This results in an approximate adjustment of $5.66 PMPM.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the introduction of the URRT 5.0 and the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2018 experience to project it to the 2020 rating period. Our most recent analysis indicates annual trend in the state of District of Columbia for the 2019 and 2020 calendar years will be 8.1% and 8.3%, respectively. The table below details the components of each trend factor.

Trend Component	2019	2020
Unit Cost	3.90%	4.10%
Utilization	3.30%	3.30%
Total	8.10%	8.30%

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

The experience for this legal entity contains 127,463 member months which does not exceed the 360,000 member months needed to be considered fully credible. As such the credibility of UnitedHealthcare Insurance Company is set to 0%, and the remaining uses the credibility manual described above.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate. The manual rate is sufficiently independent from the experience and can be blended with it for purposes of rate development.

Section 9: Development of Projected Index Rate

The experience period index rate is $408.45 PMPM.

The Index Rate For the experience period is approximately 98.52% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 98.52% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of $484.48 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market-wide Index Rate

Reinsurance

There is no reinsurance program in force for this business, and as a result there are no reinsurance recoveries to report.

Risk Adjustment Payment/Charge

UnitedHealthcare Insurance Company anticipates paying for risk adjustment transfers in the state of District of Columbia for the 2020 plan year, which has been grossed up to $13.03 PMPM on an allowed basis for purposes of calculating the Market-wide Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2020 plan year will be similar to what it was in the 2018 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2020 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2018 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

Index Rate	Net Federal or State Reinsurance (allowed basis)	Risk Adjustment Payment/Charge (allowed basis)	Exchange Fee Adjustment (allowed basis)	Market Adjusted Index Rate
$484.48	$0.00	($13.03)	0.00%	$497.51

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare Insurance Company does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare Insurance Company's nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2018 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 7.1% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.8%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	2.7%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.6%
Total	**7.1%**

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 1.028, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the DISB specified age curve.

Geographic Calibration

The geographic factor calibration is 1, which equals one divided by the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	1.000

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2020 rate development.

Our analysis did not indicate that there were credible, material differences indicated by the comparison of currently approved area factors and the UHC data reflecting unit cost differences.

Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate
x Age Calibration Factor
x Geographic Calibration Factor
x Consumer Specific Age Rating Factor
x Consumer Specific Geographic Rating Factor
x Small Group Trend Adjustment
= Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2020 is 86.2%. UnitedHealthcare Insurance Company agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Since the last rate filing, UHC has elected to report a single quality improvement activity (QIA) amount of 0.8% of premium in lieu of actual QIA expenditures. This action is allowed per the 2019 Final Notice of Benefit and Payment Parameters (NBPP). Issuers electing to use the 0.8% must do it consistently across all states and markets subject to MLR, including amongst all affiliated issuers.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded $1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Zero Dollar Copay for Dependents Under Age 19

Some plan designs assume no PCP copay applies for children under the age of 19. These copays were converted to an effective copay based on UnitedHealthcare historical membership distributions.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Section 16: Membership Projections

The 2020 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2020. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Plan Type

A plan type of EPO & POS has been selected, which describes the plans exactly.

Section 18: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

UnitedHealthcare Finance Department

- Projected SG&A Assumption
- Total Projected Membership

UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider Cost Savings Estimates
- Plan Relativity Modeling

Section 19: Actuarial Certification

I, Ryan Morgan, FSA, MAAA, am a Director, Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
  - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
  - Developed in compliance with the applicable Actuarial Standards of Practice.
  - Reasonable in relation to the benefits provided and population anticipated to be covered.
  - Neither excessive, deficient, nor unfairly discriminatory.

- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CRF 156.80(d)(2) were used to generate plan level rates.

- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 .

- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

5/24/2019

Ryan Morgan, FSA, MAAA
Director, Actuarial Services

Date

UnitedHealthcare
EMPLOYER & INDIVIDUAL

10701 West Research Drive, WI030-1000
Wauwatosa, WI 53226
Phone 414-443-4287
E-Mail: ryan_morgan2@uhc.com

May 24, 2019

Efren Tanhehco, Actuary
DC Department of Insurance Securities & Banking
810 First Street, NE Suite 701
Washington, DC 20002

Re: UnitedHealthcare Insurance Company
Small Group Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2020 through December 31, 2020 for medical and Rx benefit plans to be sold by the UnitedHealthcare Insurance Company to small group employers. The benefit plans and rates are for non-grandfathered employers.

A. Company Name: UnitedHealthcare Insurance Company

B. NAIC Company Code: 79413

C. SERFF Tracking #: UHLC-131909980

D. Date Filing Submitted: 05/24/2019

E. Proposed Effective Date: 1/1/2020

F. Type of Product: Medical and prescription drug insurance, offered both in-network only and in-network with out-of-network benefits.

G. Market: Small group, employers with 50 or fewer eligible employees.

H. Scope and Purpose of Filing: 2020 rates for small group plans meeting the requirements of the Patient Protection and Affordable Care Act (PPACA).

I. Initial Filing or Rate Change: Initial filing for 2020, rate change to previously filed and approved 2019 rates.

J. Rates apply to existing DC policyholders.

K. Overall Premium Impact of Filing on DC Policyholders: An average 11.2% renewal rate increase.

L. Contact Information: Ryan Morgan, 414-443-4287; Email: ryan_morgan2@uhc.com.

If you have any questions, please do not hesitate to reach out.

Sincerely,

Ryan Morgan

Ryan Morgan, FSA, MAAA
Director, Actuarial Services

Unified Rate Review v5.0

To add a product to Worksheet 2 - Plan Product Info, select the Add Product butt
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or C
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Company Legal Name: **UnitedHealthcare Insurance Company** State: **DC**

HIOS Issuer ID: **41842** Market: **Small Group**

Effective Date of Rate Change(s): **1/1/2020**

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2018 to 12/31/2018

	Total	PMPM
Allowed Claims	$52,843,233.22	$414.58
Reinsurance	$0.00	$0.00
Incurred Claims in Experience Period	$45,608,198.86	$357.82
Risk Adjustment	-$721,535.60	-$5.66
Experience Period Premium	$56,158,345.45	$440.59
Experience Period Member Months	127,463	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	$71.74	1.039	1.032	1.043	1.037	$83.20
Outpatient Hospital	$119.64	1.039	1.032	1.043	1.037	$138.75
Professional	$116.64	1.039	1.032	1.043	1.037	$135.27
Other Medical	$3.08	1.039	1.032	1.043	1.037	$3.57
Capitation	$13.95	1.039	1.032	1.043	1.037	$16.18
Prescription Drug	$83.40	1.039	1.032	1.043	1.037	$96.72
Total	$408.45					**$473.69**

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.009
Other	1.042
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2020**	**$498.03**

Manual EHB Allowed Claims PMPM	$484.48
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2020**	**$484.48**	$61,753,274.24
Reinsurance	$0.00	$0.00
Risk Adjustment Payment/Charge	-$13.03	-$1,660,842.89
Exchange User Fees	0.00%	$0.00
Market Adjusted Index Rate	**$497.51**	**$63,414,117.13**

Projected Member Months	**127,463**

Product-Plan Data Collection

Company Legal Name: **UnitedHealthcare Insurance Company**
HIOS Issuer ID: **41842**
Effective Date of Rate Change(s): **1/1/2020**

State: **DC**
Market: **Small Group**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Product/Plan Level Calculations

Worksheet 1 Totals	Field #		Total										
		Section I: General Product and Plan Information											
	1.1	Product Name		DC001 Plans									
	1.2	Product ID		41842DC001									
	1.3	Plan Name		Terminated Products	BO-A3	BO-BJ	BO-AO	BO-AR	BO-AO	BO-A6	BO-BA	BO-A8	BO-AM
	1.4	Plan ID (Standard Component ID)		41842DC0010000	41842DC0010066	41842DC0010068	41842DC0010074	41842DC0010087	41842DC0010006	41842DC0010032	41842DC0010042	41842DC0010054	41842DC0010078
	1.5	Metal		Not Applicable	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
	1.6	AV Metal Value		0.000	0.896	0.887	0.912	0.863	0.814	0.812	0.815	0.818	0.811
	1.7	Plan Category		Terminated	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	Renewing
	1.8	Plan Type		POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
	1.9	Exchange Plan?		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	1.10	Effective Date of Proposed Rates		1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020
	1.11	Cumulative Rate Change % (over 12 mos prior)		0.00%	13.40%	14.30%	14.50%	0.00%	8.50%	8.30%	8.20%	10.10%	11.70%
	1.12	Product Rate Increase %		11.42%									
	1.13	Submission Level Rate Increase %		11.24%									
Worksheet 1 Totals		**Section II: Experience Period and Current Plan Level Information**											
	2.1	Plan ID (Standard Component ID)	Total	41842DC0010000	41842DC0010066	41842DC0010068	41842DC0010074	41842DC0010087	41842DC0010006	41842DC0010032	41842DC0010042	41842DC0010054	41842DC0010078
$52,843,233	2.2	Allowed Claims	$52,843,233	$17,068,596	$6,228,872	$5,624,107	$4,337,225	$0	$5,335,804	$4,650,547	$4,168,256	$937,837	$309,329
$0	2.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.4	Member Cost Sharing	$7,235,034	$2,230,876	$537,441	$466,581	$295,728	$0	$909,950	$946,743	$713,119	$181,502	$45,748
	2.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$45,608,199	2.6	Incurred Claims	$45,608,199	$14,837,720	$5,691,431	$5,157,526	$4,041,497	$0	$4,425,854	$3,703,804	$3,455,137	$756,335	$263,581
-$721,536	2.7	Risk Adjustment Transfer Amount	-$721,536	$0	-$111,474	-$130,085	-$106,731	$0	-$94,009	-$86,748	-$73,473	-$22,409	-$9,165
$56,158,345	2.8	Premium	$56,158,345	$18,103,990	$5,879,220	$6,860,800	$5,629,061	$0	$4,958,097	$4,575,153	$3,875,044	$1,181,852	$483,365
127,463	2.9	Experience Period Member Months	127,463	40,897	11,934	13,704	10,791	0	11,472	11,586	10,065	2,832	1,485
	2.10	Current Enrollment	11,694	2,967	1,203	1,255	1,141	0	1,009	990	1,129	265	204
	2.11	Current Premium PMPM	$434.32	$439.57	$471.59	$474.16	$535.79	$0.00	$445.67	$398.10	$383.97	$412.57	$329.51
	2.12	Loss Ratio	82.27%	81.96%	98.68%	76.63%	73.18%	#DIV/0!	90.99%	82.52%	90.89%	65.23%	55.58%
		Per Member Per Month											
	2.13	Allowed Claims	$414.58	$417.36	$521.94	$410.40	$401.93	#DIV/0!	$465.12	$401.39	$414.13	$331.16	$208.30
	2.14	Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00
	2.15	Member Cost Sharing	$56.76	$54.55	$45.03	$34.05	$27.41	#DIV/0!	$79.32	$81.71	$70.85	$64.09	$30.81
	2.16	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00
	2.17	Incurred Claims	$357.82	$362.81	$476.91	$376.35	$374.52	#DIV/0!	$385.80	$319.68	$343.28	$267.07	$177.50
	2.18	Risk Adjustment Transfer Amount	-$5.66	$0.00	-$9.34	-$9.49	-$9.89	#DIV/0!	-$8.19	-$7.49	-$7.30	-$7.91	-$6.17
	2.19	Premium	$440.59	$442.67	$492.64	$500.64	$521.64	#DIV/0!	$432.19	$394.89	$385.00	$417.32	$325.50
		Section III: Plan Adjustment Factors											
	3.1	Plan ID (Standard Component ID)		41842DC0010000	41842DC0010066	41842DC0010068	41842DC0010074	41842DC0010087	41842DC0010006	41842DC0010032	41842DC0010042	41842DC0010054	41842DC0010078
	3.2	Market Adjusted Index Rate		$497.51									
	3.3	AV and Cost Sharing Design of Plan		0.0000	0.9407	0.9965	1.0296	0.8316	0.8136	0.7004	0.7210	0.7004	0.8232
	3.4	Provider Network Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
	3.5	Benefits in Addition to EHB		0.0000	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150
		Administrative Costs											
	3.6	Administrative Expense		0.00%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%
	3.7	Taxes and Fees		0.00%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%
	3.8	Profit & Risk Load		0.00%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%
	3.9	Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
	3.10	**Plan Adjusted Index Rate**		$0.00	$590.39	$625.41	$646.18	$521.92	$510.62	$439.58	$452.50	$439.58	$516.65
	3.11	Age Calibration Factor	0.9727	0.9727									
	3.12	Geographic Calibration Factor	1.0000	1.0000									
	3.13	Tobacco Calibration Factor	1.0000	1.0000									
	3.14	**Calibrated Plan Adjusted Index Rate**		$0.00	$574.27	$608.34	$628.54	$507.67	$496.68	$427.58	$440.15	$427.58	$502.54
		Section IV: Projected Plan Level Information											
	4.1	Plan ID (Standard Component ID)	Total	41842DC0010000	41842DC0010066	41842DC0010068	41842DC0010074	41842DC0010087	41842DC0010006	41842DC0010032	41842DC0010042	41842DC0010054	41842DC0010078
	4.2	Allowed Claims	$62,679,634	$0	$9,844,099	$11,223,494	$8,956,153	$556,662	$6,136,845	$6,196,477	$5,403,899	$1,635,866	$933,909
	4.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	4.4	Member Cost Sharing	$9,966,062	$0	$1,170,096	$747,859	$319,037	$123,081	$940,263	$1,679,832	$1,348,767	$443,475	$133,775
	4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	4.6	Incurred Claims	$52,713,572	$0	$8,674,003	$10,475,635	$8,637,115	$433,580	$5,196,583	$4,516,645	$4,055,131	$1,192,391	$800,134
	4.7	Risk Adjustment Transfer Amount	-$1,396,769	$0	-$206,771	-$235,744	-$188,120	-$11,692	-$143,224	-$144,616	-$126,118	-$38,178	-$21,796
	4.8	Premium	$67,701,763	$0	$11,140,068	$13,454,455	$11,093,045	$556,887	$6,673,818	$5,801,084	$5,207,877	$1,531,483	$1,027,609
	4.9	Projected Member Months	127,463	0	18,869	21,513	17,167	1,067	13,070	13,197	11,509	3,484	1,989
	4.10	Loss Ratio	79.50%	#DIV/0!	79.34%	79.25%	79.20%	79.53%	79.57%	79.85%	79.80%	79.85%	79.55%
		Per Member Per Month											
	4.11	Allowed Claims	$491.75	#DIV/0!	$521.71	$521.71	$521.71	$521.71	$469.54	$469.54	$469.54	$469.54	$469.54
	4.12	Reinsurance	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	4.13	Member Cost Sharing	$78.19	#DIV/0!	$62.01	$34.76	$18.58	$115.35	$71.94	$127.29	$117.19	$127.29	$67.26
	4.14	Cost Sharing Reduction	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	4.15	Incurred Claims	$413.56	#DIV/0!	$459.70	$486.94	$503.12	$406.35	$397.60	$342.25	$352.34	$342.25	$402.28
	4.16	Risk Adjustment Transfer Amount	-$10.96	#DIV/0!	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96
	4.17	Premium	$531.15	#DIV/0!	$590.39	$625.41	$646.18	$521.92	$510.62	$439.58	$452.50	$439.58	$516.65

Field #											
1.1	Product Name	DC001 Plans (cont.)									
1.3	Plan Name	BH-E6	BO-AX	BO-BC	BO-AL	BO-AN	BO-AY	BO-BG	BO-BE	BO-A2	BH-FI
1.4	Plan ID (Standard Component ID)	41842DC0010081	41842DC0010082	41842DC0010084	41842DC0010085	41842DC0010086	41842DC0010088	41842DC0010043	41842DC0010080	41842DC0010089	41842DC0010083
1.5	Metal	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver
1.6	AV Metal Value	0.813	0.799	0.776	0.798	0.819	0.760	0.716	0.718	0.720	0.717
1.7	Plan Category	Renewing	Renewing	Renewing	New	New	New	Renewing	Renewing	New	Terminated
1.8	Plan Type	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
1.9	Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020
1.11	Cumulative Rate Change % (over 12 mos prior)	10.70%	9.70%	8.90%	0.00%	0.00%	0.00%	6.90%	9.00%	0.00%	0.00%
2.1	Plan ID (Standard Component ID)	41842DC0010081	41842DC0010082	41842DC0010084	41842DC0010085	41842DC0010086	41842DC0010088	41842DC0010043	41842DC0010080	41842DC0010089	41842DC0010083
2.2	Allowed Claims	$0	$0	$0	$0	$0	$0	$715,883	$118,147	$0	$0
2.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.4	Member Cost Sharing	$0	$0	$0	$0	$0	$0	$251,970	$42,188	$0	$0
2.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.6	Incurred Claims	$0	$0	$0	$0	$0	$0	$463,913	$75,959	$0	$0
2.7	Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0	$0	-$13,489	-$5,343	$0	$0
2.8	Premium	$0	$0	$0	$0	$0	$0	$711,409	$281,796	$0	$0
2.9	Experience Period Member Months	0	0	0	0	0	0	2,095	849	0	0
2.10	Current Enrollment	0	0	0	0	0	0	331	147	0	0
2.11	Current Premium PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$355.83	$334.08	$0.00	$0.00
2.12	Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	66.47%	27.48%	#DIV/0!	#DIV/0!
	Per Member Per Month										
2.13	Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$341.71	$139.16	#DIV/0!	#DIV/0!
2.14	Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	#DIV/0!	#DIV/0!
2.15	Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$120.27	$49.69	#DIV/0!	#DIV/0!
2.16	Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	#DIV/0!	#DIV/0!
2.17	Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$221.44	$89.47	#DIV/0!	#DIV/0!
2.18	Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-$6.44	-$6.29	#DIV/0!	#DIV/0!
2.19	Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$339.57	$331.91	#DIV/0!	#DIV/0!
3.1	Plan ID (Standard Component ID)	41842DC0010081	41842DC0010082	41842DC0010084	41842DC0010085	41842DC0010086	41842DC0010088	41842DC0010043	41842DC0010080	41842DC0010089	41842DC0010083
3.3	AV and Cost Sharing Design of Plan	0.7670	0.7023	0.6498	0.6915	0.7074	0.6125	0.6388	0.5662	0.5651	0.0000
3.4	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
3.5	Benefits in Addition to EHB	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	0.0000
3.6	Administrative Expense	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	89.87%
3.7	Taxes and Fees	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%
3.8	Profit & Risk Load	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**	$481.37	$440.77	$407.82	$433.99	$443.97	$384.41	$400.92	$355.35	$354.66	#DIV/0!
3.14	**Calibrated Plan Adjusted Index Rate**	$468.23	$428.74	$396.69	$422.14	$431.85	$373.91	$389.97	$345.65	$344.98	#DIV/0!
4.1	Plan ID (Standard Component ID)	41842DC0010081	41842DC0010082	41842DC0010084	41842DC0010085	41842DC0010086	41842DC0010088	41842DC0010043	41842DC0010080	41842DC0010089	41842DC0010083
4.2	Allowed Claims	$160,582	$160,582	$160,582	$160,582	$160,582	$160,582	$1,598,014	$698,237	$84,950	$0
4.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4	Member Cost Sharing	$32,404	$43,221	$51,978	$45,010	$42,368	$58,219	$447,151	$252,504	$30,828	$0
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$128,177	$117,361	$108,603	$115,572	$118,214	$102,363	$1,150,863	$445,733	$54,122	$0
4.7	Risk Adjustment Transfer Amount	-$3,748	-$3,748	-$3,748	-$3,748	-$3,748	-$3,748	-$40,403	-$17,654	-$2,148	$0
4.8	Premium	$164,630	$150,743	$139,474	$148,425	$151,837	$131,468	$1,478,175	$572,471	$69,514	$0
4.9	Projected Member Months	342	342	342	342	342	342	3,687	1,611	196	0
4.10	Loss Ratio	79.67%	79.84%	80.02%	79.88%	79.83%	80.15%	80.04%	80.34%	80.34%	#DIV/0!
	Per Member Per Month										
4.11	Allowed Claims	$469.54	$469.54	$469.54	$469.54	$469.54	$469.54	$433.42	$433.42	$433.42	#DIV/0!
4.12	Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
4.13	Member Cost Sharing	$94.75	$126.38	$151.98	$131.61	$123.88	$170.23	$121.28	$156.74	$157.28	#DIV/0!
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
4.15	Incurred Claims	$374.79	$343.16	$317.55	$337.93	$345.65	$299.31	$312.14	$276.68	$276.13	#DIV/0!
4.16	Risk Adjustment Transfer Amount	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	#DIV/0!
4.17	Premium	$481.37	$440.77	$407.82	$433.99	$443.97	$384.41	$400.92	$355.35	$354.66	#DIV/0!

Field #														
1.1	Product Name	DC004 Plans												
1.2	Product ID	41842DC004												
1.3	Plan Name	BO-BB	BO-BD	BO-A5	BO-AK	BH-EZ	BO-AW	BO-A7	BO-A9	BO-BF	BO-AZ	BO-BI	BH-E3	BH-FH
1.4	Plan ID (Standard Component ID)	41842DC0040059	41842DC0040060	41842DC0040045	41842DC0040057	41842DC0040061	41842DC0040062	41842DC0040064	41842DC0040091	41842DC0040046	41842DC0040065	41842DC0040101	41842DC0040008	41842DC0040063
1.5	Metal	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Silver
1.6	AV Metal Value	0.896	0.887	0.815	0.811	0.813	0.799	0.776	0.818	0.716	0.720	0.718	0.626	0.717
1.7	Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Terminated
1.8	Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9	Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020
1.11	Cumulative Rate Change % (over 12 mos prior)	13.40%	14.20%	8.10%	11.70%	10.60%	9.60%	8.70%	10.00%	6.80%	0.00%	8.90%	11.00%	0.00%
1.12	Product Rate Increase %	9.62%												
2.1	Plan ID (Standard Component ID)	41842DC0040059	41842DC0040060	41842DC0040045	41842DC0040057	41842DC0040061	41842DC0040062	41842DC0040064	41842DC0040091	41842DC0040046	41842DC0040065	41842DC0040101	41842DC0040008	41842DC0040063
2.2	Allowed Claims	$159,697	$523,256	$1,360,956	$137,551	$0	$0	$0	$477,357	$358,788	$0	$309,269	$21,756	$0
2.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.4	Member Cost Sharing	$9,555	$19,712	$209,727	$22,837	$0	$0	$0	$115,306	$129,131	$0	$98,556	$8,365	$0
2.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2.6	Incurred Claims	$150,142	$503,543	$1,151,229	$114,713	$0	$0	$0	$362,052	$229,657	$0	$210,713	$13,391	$0
2.7	Risk Adjustment Transfer Amount	-$3,864	-$5,886	-$26,996	-$4,474	$0	$0	$0	-$10,898	-$8,774	$0	-$6,521	-$1,197	$0
2.8	Premium	$203,785	$310,430	$1,423,793	$235,943	$0	$0	$0	$574,784	$462,752	$0	$343,944	$63,127	$0
2.9	Experience Period Member Months	440	737	3,636	669	0	0	0	1,532	1,490	0	1,018	231	0
2.10	Current Enrollment	67	92	346	82	0	0	0	149	182	0	93	42	0
2.11	Current Premium PMPM	$445.22	$415.81	$372.09	$351.85	$0.00	$0.00	$0.00	$366.60	$319.95	$0.00	$335.94	$249.46	$0.00
2.12	Loss Ratio	75.10%	165.34%	82.42%	49.56%	#DIV/0!	#DIV/0!	#DIV/0!	64.21%	50.59%	#DIV/0!	62.45%	21.62%	#DIV/0!
	Per Member Per Month													
2.13	Allowed Claims	$362.95	$709.98	$374.30	$205.61	#DIV/0!	#DIV/0!	#DIV/0!	$311.59	$240.80	#DIV/0!	$303.80	$94.18	#DIV/0!
2.14	Reinsurance	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	#DIV/0!	$0.00	$0.00	#DIV/0!
2.15	Member Cost Sharing	$21.72	$26.75	$57.68	$34.14	#DIV/0!	#DIV/0!	#DIV/0!	$75.26	$86.66	#DIV/0!	$96.81	$36.21	#DIV/0!
2.16	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00	#DIV/0!	$0.00	$0.00	#DIV/0!
2.17	Incurred Claims	$341.23	$683.23	$316.62	$171.47	#DIV/0!	#DIV/0!	#DIV/0!	$236.33	$154.13	#DIV/0!	$206.99	$57.97	#DIV/0!
2.18	Risk Adjustment Transfer Amount	-$8.78	-$7.99	-$7.42	-$6.69	#DIV/0!	#DIV/0!	#DIV/0!	-$7.11	-$5.89	#DIV/0!	-$6.41	-$5.18	#DIV/0!
2.19	Premium	$463.15	$421.21	$391.58	$352.68	#DIV/0!	#DIV/0!	#DIV/0!	$375.19	$310.57	#DIV/0!	$337.86	$273.28	#DIV/0!
3.1	Plan ID (Standard Component ID)	41842DC0040059	41842DC0040060	41842DC0040045	41842DC0040057	41842DC0040061	41842DC0040062	41842DC0040064	41842DC0040091	41842DC0040046	41842DC0040065	41842DC0040101	41842DC0040008	41842DC0040063
3.3	AV and Cost Sharing Design of Plan	0.9263	0.9813	0.7087	0.8148	0.7517	0.6899	0.6381	0.6873	0.6260	0.5553	0.5555	0.4860	0.0000
3.4	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
3.5	Benefits in Addition to EHB	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	1.0150	0.0000
3.6	Administrative Expense	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	9.41%	89.87%
3.7	Taxes and Fees	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%	7.09%
3.8	Profit & Risk Load	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%	3.04%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**	$581.35	$615.87	$444.79	$511.37	$471.77	$432.99	$400.48	$431.35	$392.88	$348.51	$348.64	$305.02	#DIV/0!
3.14	**Calibrated Plan Adjusted Index Rate**	$565.48	$599.06	$432.64	$497.41	$458.89	$421.17	$389.54	$419.58	$382.16	$339.00	$339.12	$296.69	#DIV/0!
4.1	Plan ID (Standard Component ID)	41842DC0040059	41842DC0040060	41842DC0040045	41842DC0040057	41842DC0040061	41842DC0040062	41842DC0040064	41842DC0040091	41842DC0040046	41842DC0040065	41842DC0040101	41842DC0040008	41842DC0040063
4.2	Allowed Claims	$898,902	$1,130,018	$2,054,693	$508,978	$160,582	$160,582	$160,582	$958,325	$1,161,128	$84,950	$820,461	$348,340	$0
4.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4	Member Cost Sharing	$119,002	$91,369	$539,184	$77,390	$34,963	$45,280	$53,933	$272,831	$341,686	$31,770	$306,605	$142,180	$0
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$779,900	$1,038,649	$1,515,509	$431,588	$125,619	$115,301	$106,648	$685,493	$819,442	$53,180	$513,856	$206,160	$0
4.7	Risk Adjustment Transfer Amount	-$18,881	-$23,736	-$47,953	-$11,879	-$3,748	-$3,748	-$3,748	-$22,366	-$29,357	-$2,148	-$20,744	-$9,512	$0
4.8	Premium	$1,001,670	$1,333,976	$1,946,380	$554,330	$161,346	$148,081	$136,963	$880,394	$1,052,531	$68,308	$659,967	$264,755	$0
4.9	Projected Member Months	1,723	2,166	4,376	1,084	342	342	342	2,041	2,679	196	1,893	868	0
4.10	Loss Ratio	79.36%	79.27%	79.83%	79.56%	79.71%	79.89%	80.06%	79.89%	80.09%	80.38%	80.39%	80.77%	#DIV/0!
	Per Member Per Month													
4.11	Allowed Claims	$521.71	$521.71	$469.54	$469.54	$469.54	$469.54	$469.54	$469.54	$433.42	$433.42	$433.42	$401.31	#DIV/0!
4.12	Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
4.13	Member Cost Sharing	$69.07	$42.18	$123.21	$71.39	$102.23	$132.40	$157.70	$133.68	$127.54	$162.09	$161.97	$163.80	#DIV/0!
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!
4.15	Incurred Claims	$452.64	$479.52	$346.32	$398.14	$367.31	$337.14	$311.84	$335.86	$305.88	$271.33	$271.45	$237.51	#DIV/0!
4.16	Risk Adjustment Transfer Amount	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	-$10.96	#DIV/0!
4.17	Premium	$581.35	$615.87	$444.79	$511.37	$471.77	$432.99	$400.48	$431.35	$392.88	$348.51	$348.64	$305.02	#DIV/0!

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	UnitedHealthcare Insurance Company
SERFF tracking number	UHLC-131909980
Submission Date	May 24, 2019
Product Name	Medical and Prescription Drug Insurance
Market Type	○ Individual ◉ Small Group
Rate Filing Type	◉ Rate Increase ○ New Filing

Scope and Range of the Increase:

The 11.2% increase is requested because:

The biggest drivers of our rate increase is trend and the return of the ACA fees.

This filing will impact:

# of policyholder's 1674 # of covered lives 11950

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 11.2 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 5.9 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 15.6 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

The group's rate is based on the benefit plan selected and the attained ages of the members at the beginning of the policy period.

Financial Experience of Product

The overall financial experience of the product includes:

Some membership growth but an increase in trend.

The rate increase will affect the projected financial experience of the product by:

The projected loss ratio using the Federal prescribed MLR methodology is 86.2%

Components of Increase

The request is made up of the following components:

Trend Increases – 8.1 % of the 11.2 % total filed increase

1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

   This component is 4.2 % of the 11.2 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

   This component is 3.9 % of the 11.2 % total filed increase.

Other Increases – 2.9 % of the 11.2 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

   This component is % of the % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

   This component is -1.6 % of the 11.2 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

   This component is 1.4 % of the 11.2 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

   This component is % of the % total filed increase.

5. Other – Defined as:

   Base rate increase.

   Note: Components are multiplicative, so sum may differ slightly from total rate increase %.

   This component is 3.1 % of the 11.2 % total filed increase.

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memo
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Actuarial Memo
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Actuarial Memo
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Actuarial Memo
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Actuarial Memo
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Actuarial Memo
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	Exhibit 1
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. **In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.**	Yes	Actuarial Memo
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Actuarial Memo
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Actuarial Memo
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Actuarial Memo
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Actuarial Memo
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Actuarial Memo
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Exhibit A
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Exhibit A
17	Index Rate	Provide the index rate.	Yes	Actuarial Memo
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Actuarial Memo
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	Actuarial Memo
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit T
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Actuarial Memo Exhibit 4
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Actuarial Memo Exhibit 4

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Actuarial Memo Exhibit 3
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Actuarial Memo Exhibit 1 Exhibit 3
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	Actuarial Memo
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	DISB Actuarial Memo Dataset
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memo Exhibit A Part III Act'l Memo
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Actuarial Memo
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Actuarial Memo
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total	Yes	Actuarial Memo
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memo
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memo
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Memo

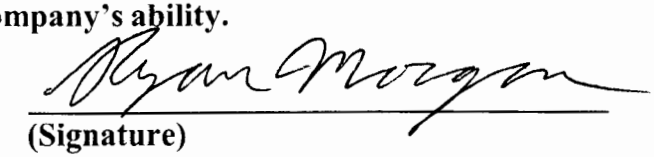
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. **Provide in Excel and PDF format.**	N/a	N/a
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. **Provide in Excel and PDF format.**	Yes	Separate Document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for *all* individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	Separate Document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. **Provide in Excel format only.**	Yes	Separate Document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Separate Document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	Exhibit 3

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30th of the current year, whichever is first.	Yes	Supporting Docs in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing.	N/a	N/a

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Ryan Morgan
(Print Name)


(Signature)

Page Number	Tracking Number	Plan Name	Run Number	Run AV	Run Weight	Final AV	Final Metal Level
4	Bronze 4 CH - 2020	BH-E3	1	62.6%	100.0%	62.6%	Bronze
5	Gold 1 CH - 2020	BH-EZ	1	81.3%	100.0%	81.3%	Gold
6	Gold 1 CH+ - 2020	BH-E6	1	81.3%	100.0%	81.3%	Gold
7	Gold 22_Copay CH - 2020	BQ-AK	1	79.0%	60.6%	81.1%	Gold
8	Gold 22_Copay CH - 2020	BQ-AK	2	80.9%	9.4%	81.1%	Gold
9	Gold 22_Copay CH - 2020	BQ-AK	3	84.8%	26.0%	81.1%	Gold
10	Gold 22_Copay CH - 2020	BQ-AK	4	87.5%	4.0%	81.1%	Gold
11	Gold 29 CH+ - 2020	BQ-AL	1	79.6%	86.6%	79.8%	Gold
12	Gold 29 CH+ - 2020	BQ-AL	2	80.9%	13.4%	79.8%	Gold
13	Gold 22_Copay CH+ - 2020	BQ-AM	1	79.0%	60.6%	81.1%	Gold
14	Gold 22_Copay CH+ - 2020	BQ-AM	2	80.9%	9.4%	81.1%	Gold
15	Gold 22_Copay CH+ - 2020	BQ-AM	3	84.8%	26.0%	81.1%	Gold
16	Gold 22_Copay CH+ - 2020	BQ-AM	4	87.5%	4.0%	81.1%	Gold
17	Gold 28 CH+ - 2020	BQ-AN	1	81.8%	86.6%	81.9%	Gold
18	Gold 28 CH+ - 2020	BQ-AN	2	82.4%	13.4%	81.9%	Gold
19	Gold 7 CH+ - 2020	BQ-AO	1	81.4%	100.0%	81.4%	Gold
20	Plat 14 CH+ - 2020	BQ-AQ	1	88.8%	51.0%	91.2%	Platinum
21	Plat 14 CH+ - 2020	BQ-AQ	2	93.7%	49.0%	91.2%	Platinum
22	Plat 15 CH+ - 2020	BQ-AR	1	86.1%	86.6%	86.3%	Platinum
23	Plat 15 CH+ - 2020	BQ-AR	2	87.3%	13.4%	86.3%	Platinum
24	Gold 23 CH_Primary Advantage - 2020	BQ-AW	1	79.7%	86.6%	79.9%	Gold
25	Gold 23 CH_Primary Advantage - 2020	BQ-AW	2	81.4%	13.4%	79.9%	Gold
26	Gold 23 CH+_Primary Advantage - 2020	BQ-AX	1	79.7%	86.6%	79.9%	Gold
27	Gold 23 CH+_Primary Advantage - 2020	BQ-AX	2	81.4%	13.4%	79.9%	Gold
28	Gold 31_CH+ Primary Advantage - 2020	BQ-AY	1	75.9%	86.6%	76.0%	Gold
29	Gold 31_CH+ Primary Advantage - 2020	BQ-AY	2	77.1%	13.4%	76.0%	Gold
30	Silver 19_CH Primary Advantage - 2020	BQ-AZ	1	71.8%	86.6%	72.0%	Silver
31	Silver 19_CH Primary Advantage - 2020	BQ-AZ	2	73.3%	13.4%	72.0%	Silver
32	Silver 19_CH+ Primary Advantage - 2020	BQ-A2	1	71.8%	86.6%	72.0%	Silver
33	Silver 19_CH+ Primary Advantage - 2020	BQ-A2	2	73.3%	13.4%	72.0%	Silver
34	Platinum 01 CH+ - 2020	BQ-A3	1	90.1%	17.2%	89.6%	Platinum
35	Platinum 01 CH+ - 2020	BQ-A3	2	91.9%	2.7%	89.6%	Platinum
36	Platinum 01 CH+ - 2020	BQ-A3	1	88.7%	35.4%	89.6%	Platinum
37	Platinum 01 CH+ - 2020	BQ-A3	2	90.0%	5.5%	89.6%	Platinum
38	Platinum 01 CH+ - 2020	BQ-A3	3	89.7%	34.0%	89.6%	Platinum
39	Platinum 01 CH+ - 2020	BQ-A3	4	91.3%	5.3%	89.6%	Platinum
40	Gold 13 CH - 2020	BQ-A5	1	83.5%	17.2%	81.5%	Gold
41	Gold 13 CH - 2020	BQ-A5	2	84.3%	2.7%	81.5%	Gold
42	Gold 13 CH - 2020	BQ-A5	1	79.1%	35.4%	81.5%	Gold
43	Gold 13 CH - 2020	BQ-A5	2	80.4%	5.5%	81.5%	Gold
44	Gold 13 CH - 2020	BQ-A5	3	82.6%	34.0%	81.5%	Gold
45	Gold 13 CH - 2020	BQ-A5	4	83.5%	5.3%	81.5%	Gold
46	Gold 10 CH+ - 2020	BQ-A6	1	82.4%	17.2%	81.2%	Gold
47	Gold 10 CH+ - 2020	BQ-A6	2	83.3%	2.7%	81.2%	Gold
48	Gold 10 CH+ - 2020	BQ-A6	1	79.7%	35.4%	81.2%	Gold
49	Gold 10 CH+ - 2020	BQ-A6	2	80.9%	5.5%	81.2%	Gold
50	Gold 10 CH+ - 2020	BQ-A6	3	81.9%	34.0%	81.2%	Gold
51	Gold 10 CH+ - 2020	BQ-A6	4	82.8%	5.3%	81.2%	Gold
52	Gold 26 CH - 2020	BQ-A7	1	77.2%	7.5%	77.6%	Gold
53	Gold 26 CH - 2020	BQ-A7	2	78.4%	1.2%	77.6%	Gold

54	Gold 26 CH - 2020	BQ-A7	3	79.1%	7.2%	77.6%	Gold
55	Gold 26 CH - 2020	BQ-A7	4	79.9%	1.1%	77.6%	Gold
56	Gold 26 CH - 2020	BQ-A7	5	77.3%	1.3%	77.6%	Gold
57	Gold 26 CH - 2020	BQ-A7	6	78.5%	0.2%	77.6%	Gold
58	Gold 26 CH - 2020	BQ-A7	7	79.3%	1.3%	77.6%	Gold
59	Gold 26 CH - 2020	BQ-A7	8	80.1%	0.2%	77.6%	Gold
60	Gold 26 CH - 2020	BQ-A7	1	75.9%	30.1%	77.6%	Gold
61	Gold 26 CH - 2020	BQ-A7	2	77.2%	4.7%	77.6%	Gold
62	Gold 26 CH - 2020	BQ-A7	3	78.7%	28.9%	77.6%	Gold
63	Gold 26 CH - 2020	BQ-A7	4	79.6%	4.5%	77.6%	Gold
64	Gold 26 CH - 2020	BQ-A7	5	76.0%	5.3%	77.6%	Gold
65	Gold 26 CH - 2020	BQ-A7	6	77.3%	0.8%	77.6%	Gold
66	Gold 26 CH - 2020	BQ-A7	7	78.9%	5.1%	77.6%	Gold
67	Gold 26 CH - 2020	BQ-A7	8	79.8%	0.8%	77.6%	Gold
68	Gold 8 CH+ -2020	BQ-A8	1	82.4%	17.2%	81.8%	Gold
69	Gold 8 CH+ -2020	BQ-A8	2	83.3%	2.7%	81.8%	Gold
70	Gold 8 CH+ -2020	BQ-A8	1	81.0%	35.4%	81.8%	Gold
71	Gold 8 CH+ -2020	BQ-A8	2	82.1%	5.5%	81.8%	Gold
72	Gold 8 CH+ -2020	BQ-A8	3	82.0%	34.0%	81.8%	Gold
73	Gold 8 CH+ -2020	BQ-A8	4	83.0%	5.3%	81.8%	Gold
74	Gold 8 CH -2020	BQ-A9	1	82.4%	17.2%	81.8%	Gold
75	Gold 8 CH -2020	BQ-A9	2	83.3%	2.7%	81.8%	Gold
76	Gold 8 CH -2020	BQ-A9	1	81.0%	35.4%	81.8%	Gold
77	Gold 8 CH -2020	BQ-A9	2	82.1%	5.5%	81.8%	Gold
78	Gold 8 CH -2020	BQ-A9	3	82.0%	34.0%	81.8%	Gold
79	Gold 8 CH -2020	BQ-A9	4	83.0%	5.3%	81.8%	Gold
80	Gold 13 CH+ - 2020	BQ-BA	1	83.5%	17.2%	81.5%	Gold
81	Gold 13 CH+ - 2020	BQ-BA	2	84.3%	2.7%	81.5%	Gold
82	Gold 13 CH+ - 2020	BQ-BA	1	79.1%	35.4%	81.5%	Gold
83	Gold 13 CH+ - 2020	BQ-BA	2	80.4%	5.5%	81.5%	Gold
84	Gold 13 CH+ - 2020	BQ-BA	3	82.6%	34.0%	81.5%	Gold
85	Gold 13 CH+ - 2020	BQ-BA	4	83.5%	5.3%	81.5%	Gold
86	Platinum 01 CH - 2020	BQ-BB	1	90.1%	17.2%	89.6%	Platinum
87	Platinum 01 CH - 2020	BQ-BB	2	91.9%	2.7%	89.6%	Platinum
88	Platinum 01 CH - 2020	BQ-BB	1	88.7%	35.4%	89.6%	Platinum
89	Platinum 01 CH - 2020	BQ-BB	2	90.0%	5.5%	89.6%	Platinum
90	Platinum 01 CH - 2020	BQ-BB	3	89.7%	34.0%	89.6%	Platinum
91	Platinum 01 CH - 2020	BQ-BB	4	91.3%	5.3%	89.6%	Platinum
92	Gold 26 CH+ - 2020	BQ-BC	1	77.2%	7.5%	77.6%	Gold
93	Gold 26 CH+ - 2020	BQ-BC	2	78.4%	1.2%	77.6%	Gold
94	Gold 26 CH+ - 2020	BQ-BC	3	79.1%	7.2%	77.6%	Gold
95	Gold 26 CH+ - 2020	BQ-BC	4	79.9%	1.1%	77.6%	Gold
96	Gold 26 CH+ - 2020	BQ-BC	5	77.3%	1.3%	77.6%	Gold
97	Gold 26 CH+ - 2020	BQ-BC	6	78.5%	0.2%	77.6%	Gold
98	Gold 26 CH+ - 2020	BQ-BC	7	79.3%	1.3%	77.6%	Gold
99	Gold 26 CH+ - 2020	BQ-BC	8	80.1%	0.2%	77.6%	Gold
100	Gold 26 CH+ - 2020	BQ-BC	1	75.9%	30.1%	77.6%	Gold
101	Gold 26 CH+ - 2020	BQ-BC	2	77.2%	4.7%	77.6%	Gold
102	Gold 26 CH+ - 2020	BQ-BC	3	78.7%	28.9%	77.6%	Gold
103	Gold 26 CH+ - 2020	BQ-BC	4	79.6%	4.5%	77.6%	Gold
104	Gold 26 CH+ - 2020	BQ-BC	5	76.0%	5.3%	77.6%	Gold
105	Gold 26 CH+ - 2020	BQ-BC	6	77.3%	0.8%	77.6%	Gold

106	Gold 26 CH+ - 2020	BQ-BC	7	78.9%	5.1%	77.6%	Gold
107	Gold 26 CH+ - 2020	BQ-BC	8	79.8%	0.8%	77.6%	Gold
108	Platinum 04 CH - 2020	BQ-BD	1	90.8%	17.2%	88.7%	Platinum
109	Platinum 04 CH - 2020	BQ-BD	2	93.1%	2.7%	88.7%	Platinum
110	Platinum 04 CH - 2020	BQ-BD	1	85.5%	35.4%	88.7%	Platinum
111	Platinum 04 CH - 2020	BQ-BD	2	87.2%	5.5%	88.7%	Platinum
112	Platinum 04 CH - 2020	BQ-BD	3	90.3%	34.0%	88.7%	Platinum
113	Platinum 04 CH - 2020	BQ-BD	4	92.5%	5.3%	88.7%	Platinum
114	Silver 8 CH+ - 2020	BQ-BE	1	70.9%	0.6%	71.8%	Silver
115	Silver 8 CH+ - 2020	BQ-BE	2	72.4%	0.1%	71.8%	Silver
116	Silver 8 CH+ - 2020	BQ-BE	3	72.6%	0.6%	71.8%	Silver
117	Silver 8 CH+ - 2020	BQ-BE	4	73.7%	0.1%	71.8%	Silver
118	Silver 8 CH+ - 2020	BQ-BE	5	71.8%	8.2%	71.8%	Silver
119	Silver 8 CH+ - 2020	BQ-BE	6	73.2%	1.3%	71.8%	Silver
120	Silver 8 CH+ - 2020	BQ-BE	7	71.8%	7.9%	71.8%	Silver
121	Silver 8 CH+ - 2020	BQ-BE	8	73.2%	1.2%	71.8%	Silver
122	Silver 8 CH+ - 2020	BQ-BE	1	70.2%	4.9%	71.8%	Silver
123	Silver 8 CH+ - 2020	BQ-BE	2	71.7%	0.8%	71.8%	Silver
124	Silver 8 CH+ - 2020	BQ-BE	3	71.7%	64.5%	71.8%	Silver
125	Silver 8 CH+ - 2020	BQ-BE	4	73.1%	10.0%	71.8%	Silver
126	Silver 11 CH - 2020	BQ-BF	1	73.1%	16.9%	71.6%	Silver
127	Silver 11 CH - 2020	BQ-BF	2	73.4%	3.0%	71.6%	Silver
128	Silver 11 CH - 2020	BQ-BF	1	69.9%	34.7%	71.6%	Silver
129	Silver 11 CH - 2020	BQ-BF	2	72.5%	33.4%	71.6%	Silver
130	Silver 11 CH - 2020	BQ-BF	3	70.0%	6.1%	71.6%	Silver
131	Silver 11 CH - 2020	BQ-BF	4	72.7%	5.9%	71.6%	Silver
132	Silver 11 CH+ - 2020	BQ-BG	1	73.1%	16.9%	71.6%	Silver
133	Silver 11 CH+ - 2020	BQ-BG	2	73.4%	3.0%	71.6%	Silver
134	Silver 11 CH+ - 2020	BQ-BG	1	69.9%	34.7%	71.6%	Silver
135	Silver 11 CH+ - 2020	BQ-BG	2	72.5%	33.4%	71.6%	Silver
136	Silver 11 CH+ - 2020	BQ-BG	3	70.0%	6.1%	71.6%	Silver
137	Silver 11 CH+ - 2020	BQ-BG	4	72.7%	5.9%	71.6%	Silver
138	Silver 8 CH - 2020	BQ-BI	1	70.9%	0.6%	71.8%	Silver
139	Silver 8 CH - 2020	BQ-BI	2	72.4%	0.1%	71.8%	Silver
140	Silver 8 CH - 2020	BQ-BI	3	72.6%	0.6%	71.8%	Silver
141	Silver 8 CH - 2020	BQ-BI	4	73.7%	0.1%	71.8%	Silver
142	Silver 8 CH - 2020	BQ-BI	5	71.8%	8.2%	71.8%	Silver
143	Silver 8 CH - 2020	BQ-BI	6	73.2%	1.3%	71.8%	Silver
144	Silver 8 CH - 2020	BQ-BI	7	71.8%	7.9%	71.8%	Silver
145	Silver 8 CH - 2020	BQ-BI	8	73.2%	1.2%	71.8%	Silver
146	Silver 8 CH - 2020	BQ-BI	1	70.2%	4.9%	71.8%	Silver
147	Silver 8 CH - 2020	BQ-BI	2	71.7%	0.8%	71.8%	Silver
148	Silver 8 CH - 2020	BQ-BI	3	71.7%	64.5%	71.8%	Silver
149	Silver 8 CH - 2020	BQ-BI	4	73.1%	10.0%	71.8%	Silver
150	Platinum 04 CH+ - 2020	BQ-BJ	1	90.8%	17.2%	88.7%	Platinum
151	Platinum 04 CH+ - 2020	BQ-BJ	2	93.1%	2.7%	88.7%	Platinum
152	Platinum 04 CH+ - 2020	BQ-BJ	1	85.5%	35.4%	88.7%	Platinum
153	Platinum 04 CH+ - 2020	BQ-BJ	2	87.2%	5.5%	88.7%	Platinum
154	Platinum 04 CH+ - 2020	BQ-BJ	3	90.3%	34.0%	88.7%	Platinum
155	Platinum 04 CH+ - 2020	BQ-BJ	4	92.5%	5.3%	88.7%	Platinum

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☑
Desired Metal Tier	Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,700.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐			☐	☐
Specialist Visit	☑	☑			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☑	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☑ All			☐ All	☐ All			☐ All	☐ All
Generics	☑	☑			☐	☐			☐	☐
Preferred Brand Drugs	☑	☑			☐	☐			☐	☐
Non-Preferred Brand Drugs	☑	☑			☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BH-E3
Plan HIOS ID: 41842DC0040008-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Expanded Bronze Standard (56% to 65%), Calculation Successful.
Actuarial Value:	62.59%
Metal Tier:	Bronze
Additional Notes:	
Calculation Time:	0.4375 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,400.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
MOOP ($)			$3,500.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☑ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐			☐	☐
Specialist Visit	☑	☑			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☑	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BH-EZ
Plan HIOS ID: 41842DC0040061-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.33%
Metal Tier:	Gold
Additional Notes:	
Calculation Time:	0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,400.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
MOOP ($)			$3,500.00			
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☑ All	☑ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐			☐	☐
Specialist Visit	☑	☑			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☑	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BH-E6
Plan HIOS ID: 41842DC0010081-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.33%
Metal Tier:	Gold
Additional Notes:	
Calculation Time:	0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		$1,000.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$60.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$600.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AK
Plan HIOS ID: 41842DC0040057-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.04%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		$1,000.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$600.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AK
Plan HIOS ID: 41842DC0040057-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 80.94%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0234 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$60.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AK
Plan HIOS ID: 41842DC0040057-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 84.79%
Metal Tier:

Additional Notes:

Calculation Time: 0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AK
Plan HIOS ID: 41842DC0040057-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation resolved without matching metal tiers.
Actuarial Value:	87.48%
Metal Tier:	Platinum
Additional Notes:	
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,020.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$20.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$20.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☑ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☑	80%		☐	☐			☐	☐
Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☑	96%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AL
Plan HIOS ID: 41842DC0010085-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.61%
Metal Tier:	Gold
Additional Notes:	
Calculation Time:	0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,020.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$20.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$20.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☑ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☑	80%		☐	☐			☐	☐
Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☑	96%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AL
Plan HIOS ID: 41842DC0010085-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.87%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		$1,000.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$60.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$600.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AM
Plan HIOS ID: 41842DC0010078-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.04%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☑
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		$1,000.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$600.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☑
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AM
Plan HIOS ID: 41842DC0010078-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 80.94%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0234 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$60.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AM
Plan HIOS ID: 41842DC0010078-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 84.79%
Metal Tier:

Additional Notes:

Calculation Time: 0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☑
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$500.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$100.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$50.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AM
Plan HIOS ID: 41842DC0010078-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation resolved without matching metal tiers.
Actuarial Value:	87.48%
Metal Tier:	Platinum
Additional Notes:	
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☑ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑			☐	☐			☐	☐
Specialist Visit	☐	☑			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑			☐	☐			☐	☐
Speech Therapy	☐	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☐	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☑			☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AN
Plan HIOS ID: 41842DC0010086-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 81.85%
Metal Tier: Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$7,900.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☑ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑			☐	☐			☐	☐
Specialist Visit	☐	☑			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑			☐	☐			☐	☐
Speech Therapy	☐	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☐	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☑			☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AN
Plan HIOS ID: 41842DC0010086-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.42%
Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0234 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$3,000.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐			☐	☐
Specialist Visit	☑	☑			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☑			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☑			☐	☐			☐	☐
Occupational and Physical Therapy	☑	☑			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AO
Plan HIOS ID: 41842DC0010006-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.35%
Metal Tier:	Gold
Additional Notes:	
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$4,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$200.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$20.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$10.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$10.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐			☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AQ
Plan HIOS ID: 41842DC0010074-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.77%
Metal Tier: Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$4,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$200.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$20.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$10.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$10.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐			☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AQ
Plan HIOS ID: 41842DC0010074-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 93.72%
Metal Tier:

Additional Notes:

Calculation Time: 0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$20.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$20.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☑ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☑	80%		☐	☐			☐	☐
Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☑	96%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AR
Plan HIOS ID: 41842DC0010087-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	86.11%
Metal Tier:	Platinum
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0234 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$20.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$20.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$20.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☑ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☑	80%		☐	☐			☐	☐
Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☑	80%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☑	96%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AR
Plan HIOS ID: 41842DC0010087-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 87.29%
Metal Tier: Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$55.72	☐	☐		$80.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$500.00	☐	☐		$500.00	☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$40.00	☐	☐		$40.00	☐	☐
X-rays and Diagnostic Imaging	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AW
Plan HIOS ID: 41842DC0040062-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.67%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0742 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$55.72	☐	☐		$80.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$500.00	☐	☐		$500.00	☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☑	100%		☐	☐
X-rays and Diagnostic Imaging	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AW
Plan HIOS ID: 41842DC0040062-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.37%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0938 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$55.72	☐	☐		$80.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$500.00	☐	☐		$500.00	☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☐		$40.00	☐	☐		$40.00	☐	☐
X-rays and Diagnostic Imaging	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AX
Plan HIOS ID: 41842DC0010082-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.67%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0625 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$1,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$55.72	☐	☐		$80.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$500.00	☐	☐		$500.00	☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☑	100%		☐	☐
X-rays and Diagnostic Imaging	☐	☐		$40.00	☐	☐		$40.00	☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AX
Plan HIOS ID: 41842DC0010082-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.37%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0625 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$69.65	☐	☐		$100.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AY
Plan HIOS ID: 41842DC0010088-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 75.86%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0664 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
MOOP ($)	$7,900.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$69.65	☐	☐		$100.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☑	100%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AY
Plan HIOS ID: 41842DC0010088-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.13%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0664 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☑
1st Tier Utilization:	47%
2nd Tier Utilization:	53%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$5,000.00	$250.00		$5,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		70.00%	100.00%	
MOOP ($)	$8,150.00			$8,150.00		
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$69.65	☐	☐		$100.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AZ
Plan HIOS ID: 41842DC0040065-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.76%
Metal Tier:	Silver
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0586 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$5,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%	
MOOP ($)	$8,150.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$5,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%	
MOOP ($)	$8,150.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$69.65	☐	☐		$100.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☑	100%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-AZ
Plan HIOS ID: 41842DC0040065-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.35%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0703 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☑
1st Tier Utilization:	47%
2nd Tier Utilization:	53%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$5,000.00	$250.00		$5,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		70.00%	100.00%	
MOOP ($)	$8,150.00			$8,150.00		
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$69.65	☐	☐		$100.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☑	☑			☑	☑			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A2
Plan HIOS ID: 41842DC0010089-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.76%
Metal Tier:	Silver
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0625 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	47%
		2nd Tier Utilization:	53%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$5,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%	
MOOP ($)	$8,150.00		
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$5,000.00	$250.00	
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%	
MOOP ($)	$8,150.00		
MOOP if Separate ($)			

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	50%		☑	☑	50%		☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☑	☑			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☑	100%		☐	☑	100%		☐	☐
Specialist Visit	☐	☐		$69.65	☐	☐		$100.00	☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☑	100%		☐	☑	100%		☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑			☐	☐
Speech Therapy	☑	☑			☑	☑			☐	☐
Occupational and Physical Therapy	☑	☑			☑	☑			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐		$0.00		
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☑	100%		☐	☐
X-rays and Diagnostic Imaging	☑	☑			☑	☑			☐	☐
Skilled Nursing Facility	☑	☑			☑	☑			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$5.00	☐	☐		$5.00	☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☑	☐		$40.00	☑	☑
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☐		$75.00	☑	☑
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☑	☐		$120.00	☑	☑

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A2
Plan HIOS ID: 41842DC0010089-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.35%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0625 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A3
Plan HIOS ID: 41842DC0010066-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.12%
Metal Tier:	Platinum
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A3
Plan HIOS ID: 41842DC0010066-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.92%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	40%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A3_POST_
Plan HIOS ID: 41842DC0010066-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.74%
Metal Tier:	Platinum
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	40%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A3_POST_
Plan HIOS ID: 41842DC0010066-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.96%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A3_POST_
Plan HIOS ID: 41842DC0010066-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.73%
Metal Tier:	Platinum
Additional Notes:	
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A3_POST_
Plan HIOS ID: 41842DC0010066-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.34%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A5
Plan HIOS ID: 41842DC0040045-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 83.47%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A5
Plan HIOS ID: 41842DC0040045-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 84.32%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	42%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A5_POST_
Plan HIOS ID: 41842DC0040045-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.13%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	42%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A5_POST_
Plan HIOS ID: 41842DC0040045-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.45%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A5_POST_
Plan HIOS ID: 41842DC0040045-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	82.64%
Metal Tier:	
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A5_POST_

Plan HIOS ID: 41842DC0040045-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	83.49%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	72%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A6
Plan HIOS ID: 41842DC0010032-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.37%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	72%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A6
Plan HIOS ID: 41842DC0010032-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	83.28%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	72%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	34%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A6_POST_
Plan HIOS ID: 41842DC0010032-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.65%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	72%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	34%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A6_POST_

Plan HIOS ID: 41842DC0010032-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.90%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	72%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A6_POST_

Plan HIOS ID: 41842DC0010032-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.90%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$7,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	72%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$40.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A6_POST_

Plan HIOS ID: 41842DC0010032-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 82.80%

Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.17%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.39%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.07%
Metal Tier: Gold
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:
Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.92%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.31%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.53%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.28%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.15%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	75.88%
Metal Tier:	
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_

Plan HIOS ID: 41842DC0040064-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.20%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_

Plan HIOS ID: 41842DC0040064-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.70%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_

Plan HIOS ID: 41842DC0040064-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.56%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_
Plan HIOS ID: 41842DC0040064-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	75.99%
Metal Tier:	
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_

Plan HIOS ID: 41842DC0040064-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.30%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_

Plan HIOS ID: 41842DC0040064-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.90%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A7_POST_

Plan HIOS ID: 41842DC0040064-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.76%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A8
Plan HIOS ID: 41842DC0010054-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.37%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A8
Plan HIOS ID: 41842DC0010054-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	83.31%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	34%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A8_POST_

Plan HIOS ID: 41842DC0010054-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.99%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	34%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A8_POST_
Plan HIOS ID: 41842DC0010054-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	82.13%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A8_POST_

Plan HIOS ID: 41842DC0010054-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 82.02%

Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A8_POST_

Plan HIOS ID: 41842DC0010054-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 82.96%

Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0547 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A9
Plan HIOS ID: 41842DC0040091-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.37%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0625 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A9
Plan HIOS ID: 41842DC0040091-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	83.31%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	34%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A9_POST_

Plan HIOS ID: 41842DC0040091-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.99%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	34%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A9_POST_
Plan HIOS ID: 41842DC0040091-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	82.13%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A9_POST_
Plan HIOS ID: 41842DC0040091-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 82.02%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
MOOP ($)	$4,250.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	50%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-A9_POST_
Plan HIOS ID: 41842DC0040091-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	82.96%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BA
Plan HIOS ID: 41842DC0010042-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 83.47%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BA
Plan HIOS ID: 41842DC0010042-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 84.32%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	42%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BA_POST_
Plan HIOS ID: 41842DC0010042-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.13%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	42%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BA_POST_
Plan HIOS ID: 41842DC0010042-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.45%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BA_POST_
Plan HIOS ID: 41842DC0010042-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	82.64%
Metal Tier:	
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,750.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑	90%	$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$50.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	63%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$120.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BA_POST_

Plan HIOS ID: 41842DC0010042-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 83.49%

Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BB
Plan HIOS ID: 41842DC0040059-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.12%
Metal Tier:	Platinum
Additional Notes:	
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BB
Plan HIOS ID: 41842DC0040059-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.92%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	40%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BB_POST_

Plan HIOS ID: 41842DC0040059-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 88.74%

Metal Tier: Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	40%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BB_POST_
Plan HIOS ID: 41842DC0040059-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.96%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BB_POST_
Plan HIOS ID: 41842DC0040059-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.73%
Metal Tier:	Platinum
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$2,500.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	61%	$250.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$75.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BB_POST_
Plan HIOS ID: 41842DC0040059-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.34%
Metal Tier:	Platinum
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.17%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.39%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.07%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.92%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.31%
Metal Tier:	Gold
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	65%	$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.53%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 79.28%
Metal Tier: Gold
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0625 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	78%	$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.15%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0781 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	75.88%
Metal Tier:	
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_

Plan HIOS ID: 41842DC0010084-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.20%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_

Plan HIOS ID: 41842DC0010084-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.70%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_

Plan HIOS ID: 41842DC0010084-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.56%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	75.99%
Metal Tier:	
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	31%	$300.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_

Plan HIOS ID: 41842DC0010084-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	77.30%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_

Plan HIOS ID: 41842DC0010084-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.90%
Metal Tier:	Gold
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$6,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$500.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐			☐	☐
Specialist Visit	☑	☐		$60.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$60.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	56%	$300.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BC_POST_
Plan HIOS ID: 41842DC0010084-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.76%
Metal Tier:	Gold
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BD
Plan HIOS ID: 41842DC0040060-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 90.76%
Metal Tier: Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BD
Plan HIOS ID: 41842DC0040060-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 93.07%
Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BD_POST_
Plan HIOS ID: 41842DC0040060-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 85.50%
Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BD_POST_

Plan HIOS ID: 41842DC0040060-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 87.19%

Metal Tier: Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BD_POST_

Plan HIOS ID: 41842DC0040060-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.25%
Metal Tier:	Platinum
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BD_POST_
Plan HIOS ID: 41842DC0040060-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	92.50%
Metal Tier:	
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	33%	$212.42	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.88%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	33%	$212.42	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	72.44%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.61%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.72%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.78%
Metal Tier:	Silver
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	73.22%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 71.78%
Metal Tier: Silver
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.22%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE_POST_
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.21%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE_POST_
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.71%
Metal Tier:	Silver
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE_POST_
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.70%
Metal Tier:	Silver
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.0586 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BE_POST_
Plan HIOS ID: 41842DC0010080-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	73.09%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BF
Plan HIOS ID: 41842DC0040046-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.10%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BF
Plan HIOS ID: 41842DC0040046-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.39%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	44%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BF_POST_
Plan HIOS ID: 41842DC0040046-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.92%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BF_POST_
Plan HIOS ID: 41842DC0040046-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.47%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	44%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BF_POST_
Plan HIOS ID: 41842DC0040046-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.03%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BF_POST_
Plan HIOS ID: 41842DC0040046-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.71%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)			$2,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%
MOOP ($)			$6,700.00
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BG
Plan HIOS ID: 41842DC0010043-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.10%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BG
Plan HIOS ID: 41842DC0010043-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 73.39%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0586 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	44%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BG_POST_
Plan HIOS ID: 41842DC0010043-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.92%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)			$2,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%
MOOP ($)			$6,700.00
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☐		$500.00	☐	☐			☑	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BG_POST_

Plan HIOS ID: 41842DC0010043-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value: 72.47%

Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)			$2,750.00
Coinsurance (%, Insurer's Cost Share)			100.00%
MOOP ($)			$6,700.00
MOOP if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	44%	$250.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BG_POST_
Plan HIOS ID: 41842DC0010043-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.03%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,750.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
MOOP ($)			$6,700.00			
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☑ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☐		$250.00	☐	☐			☑	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐			☑	☐
Specialist Visit	☑	☐		$50.00	☐	☐			☑	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☑	☐		$50.00	☐	☐			☑	☐
Imaging (CT/PET Scans, MRIs)	☑	☑	64%	$250.00	☐	☐			☐	☐
Speech Therapy	☑	☐		$25.00	☐	☐			☑	☐
Occupational and Physical Therapy	☑	☐		$25.00	☐	☐			☑	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☐		$500.00	☐	☐			☑	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☑ All	☐ All			☐ All	☐ All			☑ All	☐ All
Generics	☑	☐		$10.00	☐	☐			☑	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BG_POST_
Plan HIOS ID: 41842DC0010043-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.71%
Metal Tier:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	33%	$212.42	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.88%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	33%	$212.42	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	72.44%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 72.61%
Metal Tier:

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	73.72%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.78%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	73.22%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.78%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☑	56%	$299.99	☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	73.22%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI_POST_
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.21%
Metal Tier:	Silver
Additional Notes:	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0469 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐		$300.00	☐	☐			☑	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI_POST_

Plan HIOS ID: 41842DC0040101-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.71%
Metal Tier:	Silver
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time:	0.0508 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Copay applies only after deductible?**	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☑	☑			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI_POST_

Plan HIOS ID: 41842DC0040101-01

Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.70%
Metal Tier:	Silver
	NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Additional Notes:	
Calculation Time:	0.043 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,750.00	$250.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
MOOP ($)	$8,150.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☑	☑			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☑	☑			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$100.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐			☐	☐
Speech Therapy	☐	☐		$50.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$50.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☑	☑			☐	☐			☐	☐
Skilled Nursing Facility	☑	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☑	☐		$40.00	☐	☐			☑	☐
Non-Preferred Brand Drugs	☑	☐		$75.00	☐	☐			☑	☐
Specialty Drugs (i.e. high-cost)	☑	☐		$120.00	☐	☐			☑	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BI_POST_
Plan HIOS ID: 41842DC0040101-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value:	73.09%
Metal Tier:	
Additional Notes:	NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
Calculation Time:	0.0391 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Tiered Network Option	
Tiered Network Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BJ
Plan HIOS ID: 41842DC0010068-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 90.76%
Metal Tier: Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0352 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐			☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BJ
Plan HIOS ID: 41842DC0010068-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 93.07%
Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BJ_POST_
Plan HIOS ID: 41842DC0010068-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 85.50%
Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0273 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		$150.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BJ_POST_
Plan HIOS ID: 41842DC0010068-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	87.19%
Metal Tier:	Platinum
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BJ_POST_
Plan HIOS ID: 41842DC0010068-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.25%
Metal Tier:	Platinum
	NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:	
Calculation Time:	0.0312 seconds

Final 2020 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate MOOP for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	☐	Tiered Network Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP ($)	$5,000.00					
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	☐	☐		$250.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		$30.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		$150.00	☐	☐			☐	☐
Speech Therapy	☐	☐		$15.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		$15.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐		$0.00	☐	☐				
Laboratory Outpatient and Professional Services	☐	☑	100%		☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☑			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☐		$100.00	☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: BQ-BJ_POST_
Plan HIOS ID: 41842DC0010068-01
Issuer HIOS ID: 41842

Output

Calculate

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
Actuarial Value: 92.50%
Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0312 seconds

Final 2020 AV Calculator

Efren Tanhehco
Supervisory Actuary
Department of Insurance, Securities and Banking
810 First Street, NE, Ste. 701
Washington, DC 20002

RE: Proprietary and Confidential Information UnitedHealthcare Risk Adjustment Data
HIOS Issuer IDs: 21066 UnitedHealthcare of the Mid-Atlantic, Inc.; 41842 UnitedHealthcare Insurance Company; 75753 Optimum Choice, Inc.

Dear Mr. Tanhehco:

The companies listed above (collectively referred to herein as "United" in either the singular or plural forms) are submitting data for the 2018 RATEE files at the request of the Department of Insurance, Securities and Banking. United submits in confidence this carrier-specific private data and this letter applies to any submission reasonably correlating to the 2018 RATEE files.

Under state law, this carrier-specific private information is non-financial, strictly confidential proprietary commercial information and not subject to disclosure under the D.C. Code § 2-534(a), CDCR 1-406.2, and is not a public record subject to disclosure requirements under D.C. Code § 2-534. It is non-public information submitted in confidence to the insurance commissioner that would give advantage to a competitor. Disclosure of this information would be detrimental to the best interests of the public because plan issuers compete on a product strategy that entices consumers to purchase its products and increase plan membership. Knowing a competitor's strategy beforehand confers a competitive advantage to issuers with sufficient resources to adjust to the competitor's strategy before going to market instead of waiting until the next adjustment window in a market. If a filing's confidential information such as risk scores prompts an issuer to see it is the only one offering a certain type of product (e.g. a wide network metal level (platinum) or cost sharing feature (0% member cost sharing for emergency room visits)), then issuers with sufficient resources to adjust have an unfair advance opportunity to remove those plans or adjust strategies. For example, if an issuer sees the competition has an emergency room copay of $500 but they had $250, it can likewise adjust to $500 before going to market, which deprives consumers of the opportunity to take advantage of issuer competitive behavior.

We respectfully request the Department refrain from disclosing United's carrier-specific information to any other entity. Disclosure may cause substantial competitive harm by giving an unfair advantage to our competitors that is specific and reasonably foreseeable. Re-disclosure would enable competitors to model the above-named company's business portfolios pertaining to these submissions and unfairly adjust their strategy before going to market instead of waiting until the next opportunity to adjust in the relevant market. Accordingly, we respectfully request carrier-specific information not be redisclosed to any other person, including state or federal regulatory agencies, unless United consents in writing to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential proprietary and/or trade secret nature of the information.

Thank you in advance for your cooperation with this request.
Sincerely,

Carol Tobiassen
Director, Health Care Reform Financial Oversight
UnitedHealthcare

SERFF Tracking #:	*UHLC-131909980*	***State Tracking #:***		***Company Tracking #:***	

State:	*District of Columbia*	***Filing Company:***	*UnitedHealthcare Insurance Company*
TOI/Sub-TOI:	*H16G Group Health - Major Medical/H16G.003G Small Group Only - Other*		
Product Name:	*DC-SG-UHIC-2020-01*		
Project Name/Number:	*/*		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/19/2019		Rate	Rate Filing Exhibits	05/29/2019	DC-SG-UHIC-Exhibits 2020-1-v1.xlsx
04/19/2019		Supporting Document	Risk Adjustment RATEE Data	05/27/2019	41842.RATEE.D20180501T060434.P.xml (Superceded) DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf

SERFF Tracking #:	UHLC-131909980	**State Tracking #:**	**Company Tracking #:**

State:	District of Columbia	**Filing Company:**	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	DC-SG-UHIC-2020-01		
Project Name/Number:	/		

Attachment 41842.RATEE.D20180501T060434.P.xml is not a PDF document and cannot be reproduced here.